Children and Young People's Concerns about their Sexual Health and Wellbeing

Centre for Research on Families and Relationships and ChildLine Scotland

Children and young people's concerns about their sexual health and well-being

Final report to the Scottish Executive

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Summary

1. Context

The last decade has seen increasing efforts by central and local government to target sexual health services and initiatives at young people in order to improve their sexual health. In order that the Sexual Health Strategy for Scotland and associated initiatives are effectively implemented, more information is needed about children and young people's own views, concerns and experiences regarding their sexual health and well-being.

To this end, a research study was funded from ChildLine Scotland (CLS), working collaboratively with academics at the Centre for Research on Families and Relationships (CRFR). Calls to CLS about sexual health and well-being issues have increased steadily over the years; represent one of the top three concerns expressed by children and young people; and, including sexual abuse, are the primary reason for calling in approximately 26% of all calls. These calls, which are anonymised in the database, reflect children's own agendas, supporting an approach which treats children and young people as competent reporters on their own lives.

2. Research Methods and Aims

This study was conducted between February 2005 and January 2006. It examined, qualitatively and quantitatively, two years (2003 and 2004) of the CLS database and conducted a detailed, thematic, content analysis of a sample of the more extensive archived records, written by counsellors at the time of the call. 14,244 *records* were extracted that featured, as the main problem, one of the five sexual health issues: **facts of life, sexual abuse, pregnancy, relationships, and sexuality**. Quantitative analysis was, however, conducted on the *cases* (10,716 in total); these featured individual young people who were identified by a unique case reference number. The vast majority of records examined in the study are those of children in Scotland: 95% of all calls to ChildLine Scotland in the 2003-2004 time period came from children and young people living in Scotland. Three quarters of callers were female; ages ranged from 5-18 years; the mean age of callers was 13.5 (13.9 for boys, 13.4 for girls). Analyses focussed on the nature, range and content of expressed concerns; gender and age differences; and callers' strategies and sources of support. A pro-active dissemination strategy is an integral part of the research aims, given the practical implications of the findings in terms of sexual health and wellbeing services for children and young people.

Main findings

3.1 In the **facts of life** records many calls involved seeking explanation or advice about puberty and development. Some children and young people indicated that it was difficult to talk to friends or parents, that they had a poor relationship with parents, or that they didn't have anyone to talk to. The key themes were: explanation, is this 'normal', peer comparison, and peer exclusion/inclusion. A substantial number of calls were from girls asking about starting, preparing for and dealing with their period. Calls asking for explanations came mostly from 8 to 13 years. From as young as 8 years, and through to age 16, callers described being teased by friends and/or peers either for not being developed or for being too developed.

Many calls were about body image and appearance; these were heavily dominated by female callers, with few males expressing these concerns. The main concerns presented within this theme were: weight concerns, size of breasts, penis size, stretch marks and cellulite, spots, body hair, and generally feeling unattractive or ugly. Apart from weight, concerns about body image and appearance were not expressed by any callers under the age of 9 years. At every age children and young people used the ChildLine service to obtain definitions of terms of a sexual nature. Peer communication was the most common way that callers indicated having heard a number of terms. However, terminology heard from partners was also asked about, predominantly by females, and in the context of a request to perform a sexual act or participate in a sexual act of some kind.

3.2 Children and young people communicated about their **sexual abuse** experiences in very different ways. The majority presented their concerns directly, while others were hesitant, taking time to build up to disclosure, sometimes only hinting at sexual abuse. Many described the abuse in detail, using explicit language, but amongst the youngest callers the language was often innocent and euphemistic. A substantial issue was the perpetration of additional violence and physical abuse, often to ensure compliance and punish resistance. There were four different styles of communicating sexual abuse concerns: direct, indirect, explicit and implied. As the age of callers increased, so did the tendency toward an indirect style of communication. These data are particularly important as we know relatively little about how children communicate about these experiences at the time when they are happening to them.

Many strategies by abusers were described by callers as forcing or ensuring compliance: 'grooming', 'normalising', blackmail and manipulation, and threatening violence. Some callers consistently tried to explain or justify the abusor's behaviour, detailing, as in our previous study, factors such as divorce, separation, bereavement, alcohol and drugs misuse. Callers also detailed impacts on themselves, most commonly emotional such as: fear and worry, feeling annoyed, used, cheap, dirty, degraded, shocked, surprised, terrible, bad, ashamed, disturbed, embarrassed, trapped, worthless, and numb.

All of these calls to CLS can be viewed as the child or young person trying to problem solve or cope with their experience. Feelings of shame and embarrassment might also have been lessened by communicating about abuse over the phone, where face-to-face communication might be more threatening. Many callers, usually females, said they had disclosed the sexual abuse to someone, usually their mother. Sometimes support and action was taken to address the abuse, but one third of the callers who had disclosed abuse said they had not been believed. Although almost all callers wanted the abuse to stop, complex reasons for non-disclosure included: feeling responsible for the abuse; caring for the abuser; fearing break-up of their family or parents' relationship; upsetting others; causing trouble; not being believed.

3.3 In a substantial proportion of calls regarding **pregnancy**, young people stated that they knew themselves, or a female partner, to be pregnant. Approximately a third of those whose pregnancy was confirmed indicated that they had been seen by a health professional. However, large numbers of callers said they had done a test (presumably a home pregnancy test) which was positive. Very large numbers of young women and a proportionately large number of young men stated that they *thought* that they or their girlfriend was pregnant, or that they were worried about the possibility of pregnancy, but a test had not been done, often because of fear or lack of knowledge.

In addition to detailing physical changes and symptoms, the major reason given by a large proportion of callers for thinking that they were pregnant was having had unprotected sex. In the minority of cases where the context of sex was described, this was most commonly at a party and/or when they had been drinking. However, most callers indicated they had had sex with their partner, suggesting this had been an ongoing facet of this relationship. Fear and worry were regularly described, as were confusion, conflicting feelings about the pregnancy and the need to know more about options (identified by most) of abortion, adoption or keeping the baby.

Most young people indicated having told *someone* that they were, or were concerned about being, pregnant. Disclosure was, however, strongly tied to relationships with peers, partners, parents, and other relatives and fear about reactions. The ratio of callers who had not yet told their parents they were or might be pregnant, to those who had, was approximately 3:1, suggesting that disclosing pregnancy to parents was, for many, a greater concern than the pregnancy itself and was often related to other problems in the family. The CLS calls are, unsurprisingly, skewed towards a greater number of young people reporting problems about support from parents. However, many were receiving such support and from a variety of other relatives. Nevertheless, a major source of support, both emotional and practical, for young women concerned about pregnancy came from their friends; very few male callers, though, described support from their peers.

3.4 **Partner relationships** appeared to have great significance for many children and young people; many callers, both female and male, described wanting to have a boyfriend or girlfriend. Many calls were about attraction to a particular person but also about other priorities, such as: fitting in with peers who had partners; addressing feelings of being left out or lonely; and providing opportunities for sexual experiences. The substantial numbers of calls about attraction were from all age groups and mostly involved talking through strong feelings, though both sexes asked advice about how to act on these. Ending relationships, dealing with hurt and loss, abuse and cheating partners were major topics of concern for males as well as females.

3.5 A large proportion of the **sexuality** calls were from young people who 'thought' they were, or 'might be', gay, indicating feelings of uncertainty and ambivalence about their sexual orientation. There were few calls from young people under the age of 10, and no calls from children aged 5-8 years old. Many young people described themselves as *confused* about their conflicting feelings, for example between the sexual feelings and attractions they were experiencing and those that they thought were 'right' or 'normal', i.e. heterosexual. Only a very few callers described feeling comfortable with their sexual orientation; notably, none of these were male. Rather, a strong sense of embarrassment and shame was expressed and implied across many narratives in relation to sexuality and a large proportion of young people stated that they didn't want to be gay.

Worries about reactions from peers and parents were central. Indeed, in contrast to the peer support reported in other areas, very few positive peer experiences were reported by either sex. How to tell parents was a further concern with only a few callers reporting supportive parental reactions. As was evident from the facts of life and partner relationships sections, many young people struggled with aspects of the transition through puberty, of which developing sexual feelings was just one. The stigma surrounding sexual orientation, therefore, appeared to add a considerable burden to these concerns, making adolescence all the more difficult to negotiate for these young people.

4. Conclusions and Recommendations

- Children and young people across and within the 5 to 18 age spectrum express a wide range of concerns about their sexual health and wellbeing, exhibiting differing levels of knowledge and experience.

- The range of concerns vary enormously from seeking explanation, advice and clarification about normal development, sexual terminology and sexual identity to seeking help, support and counsel on pregnancy, relationships and sexual abuse. Very few calls were about STIs.

- Callers to CLS communicate in a wide variety of ways about sexual issues. Their verbal repertoires are enormously varied and can differ considerably from that which is acceptable to adults.

- Children and young people's concerns about their sexual health and wellbeing are often interwoven with their experiences and relationships with peers and partners, normative values within the peer group and lay communication about sexual issues within peer settings.

- Relationships with peers, whether sexual or non sexual, are extremely significant in the lives of children and young people. Sexual or 'romantic' relationships and emotions whether heterosexual or same-sex, are experienced by young people with a similar level of personal significance to those experienced by adults.

- Children and young people draw extensively on support from peers as a source of help and support during times of sexual crisis.

Policy recommendations

- To meet children and young people's *ongoing* needs for information, learning and support, needs based sex and relationships education must be provided continuously throughout the years in education.

- To alleviate anxieties about being 'abnormal' and promote children and young people's acceptance of self and others, a discursive sexual health curriculum is essential to **challenge** young people's conceptions of normality.

- Children and young people must be provided with a clear understanding of their **rights,** for example to be safe from harm and to express their own needs**,** in the context of their sexual health and wellbeing.

- Confidential services that enable children and young people to disclose concerns *at their own pace* and which give consideration to children and young people's expressed needs and wishes, are essential. This is particularly important since a major barrier to disclosing sexual abuse described by many young people is the *fear of not being believed*.

- Only a very small percentage of calls to CLS about sexual abuse talk about abuse by strangers. Greater social recognition and associated education is needed concerning abuse perpetrated by those children know and love, including by females, to help children recognise what is happening to them and seek help.

- It is vital that services and interventions address sexually aggressive behaviour by other young people, particularly partner abuse perpetrated by young men against young women.

- Young people worried about pregnancy are often primarily concerned about their parents'/ carer's reactions, which may feel risky or unsafe to them. Universal access to confidential services is crucial to allow young people think through such a major life event.

- Specific attention is required to challenge the stigmas that threaten young people's sexual health and wellbeing, such as that surrounding homosexuality.

Chapter One: Background and methods

1.1 Introduction

The last decade has seen increasing efforts by central and local government to target sexual health services and initiatives at young people in order to improve their sexual health, culminating in the Sexual Health Strategy for Scotland. In order that the Strategy and associated initiatives are effectively implemented, more information is needed about children and young people's own views, concerns and experiences regarding their sexual health and well-being.

To this end, a research study was originally commissioned by the Pupil Support and Inclusion Division* of the Scottish Executive from ChildLine Scotland (CLS), working collaboratively with academics at the Centre for Research on Families and Relationships (CRFR). Calls to CLS about sexual health and well-being issues have increased steadily over the years; represent one of the top three concerns expressed by children and young people who call CLS; and are the primary reason for calling in approximately 18% of all calls. These calls reflect children's own agendas, supporting an approach which treats children and young people as competent reporters on their own lives.

1.2 The study: methods and analysis

This study focussed on calls received from children and young people aged 5 to 18 years who contacted CLS about concerns relating to their sexual health and wellbeing. Two years of data (2003 and 2004) were extracted from CLS's anonymised database for thematic qualitative analysis. This generated a data set of 14,244 call records. Quantitative data were extracted and reformatted for statistical analysis using the data analysis package STATA. As CLS's database does not support complex statistical analysis and the data contained within the database can not be readily transferred into statistical analysis software this process required assistance from information technology specialists at ChildLine headquarters in London and specialist support from the developer of the database. Additional support was also received from Dr Frank Popham, RUHBC, University of Edinburgh. Three months of the original written archived records of counsellors' call notes were also transcribed and transferred into QSR N6 for in-depth analysis.

Unique case identification numbers were generated and used to enable the call records contained in the three datasets to remain linked. This allowed the research staff to cross reference between the individual records contained in these sets, if required.

(*Now - Health Education Branch in Qualifications, Assessment and Curriculum Division)

1.3 Qualitative analysis

The narrative extracts of the anonymised calls records contained with CLS's database were manually transferred and further anonymised into the qualitative data analysis package QSR N6 for in-depth analysis, as were three months of written archived records of counsellor's call notes. In the first instance, the extracted data were coded thematically to reflect the research questions; narratives were grouped according to age, gender, year and concern category. This facilitated further thematic coding by the RF to be conducted whilst retaining a focus on analysing how concerns may or may not have differed according to age and gender. Complex coding and in-depth analysis was carried out on the entire qualitative data set of 14,244 call narratives.

Three months of the original written archived records of counsellors' call notes were also transcribed, further anonymised, and transferred into QSR N6 for in-depth analysis. The transcription process was assisted by administrative staff within CLS. These data were also subjected to in-depth analysis and complex coding processes. However, as agreed with the Executive at the presentation of interim findings, the extent of detail in the archived records meant that it was only possible to analyse two of these months, not three, as originally planned. Nevertheless, this greater in depth work enabled the analysis of the short narrative extracts in CLS's database to be strengthened and supplemented by archived material containing richer and more contextualised information on children and young people's concerns.

The whole team contributed to the analytical process. In the first instance, the RF accessed and read samples of the records, as described above. This analysis, and that of the quantitative data set, was shared and discussed at full team meetings. More detailed work, reading and discussing selections of these data in order to agree the coding frame and key emergent themes (presented in this report), was carried out at several analytical team meetings involving the academic team.

1.4 Quantitative analysis

ChildLine Scotland provided a dataset containing 14,244 *records* (separate rows of data that dealt with a particular concern). Records had been extracted on the basis that they featured, as the main problem, one of the five sexual health issues: **facts of life, sexual abuse, pregnancy, relationships, and sexuality**. However, the main quantitative analysis was conducted on the *cases* (10,716 in total); this seemed more meaningful as these featured individual young people who were identified in the database by a unique case reference number. For analysis, two datasets were constructed one retaining the records structure and one based on individual cases. Analysis, using Stata, was conducted on the case level dataset.

1.5 Structure of the report

The main quantitative results will be presented first to provide the background to the detailed qualitative findings. Additional quantitative material is presented in appendix II. The report will then consider in turn each of the 5 main sexual health categories that were identified in the CLS database. These will be discussed in rank order from the category which included the highest number of cases through to that with the lowest. Facts of life was the most common main problem, then sexual abuse, pregnancy, relationships and sexuality (table 1).

Table 1 Children and Young People's Concerns in Rank Order (Highest to Lowest) 2003 and 2004 inclusive

Rank	*Concern type*	*No of cases*	*% of total cases*
1	Facts of life	4507	42
2	Sexual abuse	3021	28
3	Pregnancy	2015	19
4	Relationships	932	9
5	Sexuality	524	5
	Total	*10,716*	*100*

Note. As a small number of cases had more than one main problem the percentage of cases sums to more than 100 and the sum of the number of cases will be more than the total number.

Each of the above categories will be discussed in turn to illuminate the **research questions** identified in the application. These were:

1. What are the concerns that children and young people themselves identify with regard to their sexual health and wellbeing?
2. How are these concerns presented?
3. What are the range and content of these concerns in calls to ChildLine Scotland from 5 to 18 year olds?
4. What are the key differences (if any) in the types of concerns presented across the age groups?
5. What strategies and sources of support do children and young people themselves identify to deal with issues affecting their sexual health and wellbeing?
6. What helps / hinders children and young people accessing and using other support structures regarding their sexual health?

From this analysis a range of cross cutting themes becomes evident and these are highlighted in the final chapter. Implications for policy and practice will be presented in the finally agreed report, following discussions at a feedback session at the Scottish Executive and a policy/practitioner seminar, conducted as part of the dissemination programme.

Chapter 2 Quantitative Results

2.1 Age and sex

Three quarters of the young people who called were female. Ages ranged from 5 to 18. The mean age of young people was 13.5 (13.9 for boys, 13.4 for girls), the median age was 13 and the modal age was 14 (15 for boys and 14 for girls). Table 1 gives a detailed breakdown of age by gender and shows that calls from under 10s were relatively rare (6% of males and 5% of females).

Table 2 Age at first call by sex (column percentages)

	Overall		**Girls**		**Boys**	
Age at first call	%	N	%	N	(%)	N
5	< 1	22	< 1	12	< 1	10
6	< 1	38	< 1	30	< 1	8
7	1	94	1	66	1	27
8	1	129	1	86	2	43
9	2	224	2	161	2	62
10	5	485	5	367	4	110
11	6	678	7	538	5	121
12	13	1,382	14	1,109	10	253
13	17	1,821	19	1,466	12	316
14	18	1,978	19	1,526	16	425
15	17	1,803	16	1,225	21	544
16	11	1,203	10	812	15	377
17	5	531	4	311	8	213
18	2	232	2	135	3	90
Total number	*10,620*		*7,844*		*2,559*	

Because of rounding percentages may not sum to exactly 100

2.2 Prevalence by sex

Table 3 gives for girls and boys the percentage of cases of each type. In numerical terms, girls were most likely to raise each issue. The rank frequency of problems for girls was facts of life, sexual abuse, pregnancy, relationships and sexuality. For boys it was facts of life, sexual abuse, sexuality, relationships and pregnancy.

Table 3 Percentage of young girls and boys reporting each problem

	Girls (%)	**Boys (%)**
Facts of life	41	43
Sexual abuse	25	39
Pregnancy	23	5
Relationships	9	6
Sexuality	4	8
Total number	*7844*	*2599*

Proportionally (and controlling for age), when boys contacted Childline they were more likely to speak about the facts of life ($p < 0.01$), sexual abuse ($p < 0.01$) and sexuality ($p < 0.01$) than girls were. They were proportionally less likely to call about pregnancy ($p < 0.01$) and relationships ($p < 0.01$) than girls were. (NB. It should be remembered that proportions are based on cases featuring the five sexual health issues and not all cases covered by CLS.)

2.3 Additional problems associated with sexual health cases

Of the 10,716 sexual health issue cases, 4,490 (42%) had one or more additional problems. By far the most common additional problem recorded was family relationship. Table 4 gives the top five additional problems for each of the five main sexual issues.

Table 4 Percentage of each case type mentioning the additional problem.

Facts of life	**Sexual abuse**	**Pregnancy**	**Relationships**	**Sexuality**
Family relationships (5%)	Family relationships (57%)	Family relationships (27%)	Facts of life (12%)	Family (10%)
Relationships (4%)	Physical abuse (13%)	Relationships (7%)	Family relationships (11%)	Facts of life (7%)
Bullying (4%)	Parents div / sep (8%)	Facts of life (5%)	Problems with friends (7%)	Bullying (7%)
Problems with friends (3%)	Pregnancy (7%)	Sexual abuse (4%)	Pregnancy (4%)	Problems with friends (7%)
Health (1%)	Bereavement (7%)	Parents div / sep (3%)	Physical abuse (4%)	Relationships (2%)

Although facts of life was the most frequent main problem such cases did not often have additional issues (20% of cases), with family relationships - the most frequent - featuring in only five per cent of facts of life cases. On the other hand sexual abuse cases (77% of cases) often had additional problems, most commonly family relationships (57%) (perhaps reflecting the high level of family based abuse). Physical abuse was also mentioned in 13% of sexual abuse cases. It was also associated with parental divorce and separation in 8% of cases. Although not in the top five additional problems associated with sexual abuse, school problems (5%), relationships (5%), bullying (3%), emotional abuse (3%), problems with friends (3%), facts of life (3%), suicide (2%), alcohol (2%) and runaway (2%) were also mentioned.

Family relationships was recorded as an additional problem in over a quarter of pregnancy cases and this was the most common additional problem in sexuality cases as well (10%). In cases where relationship issues were the main problem facts of life was the most common additional problem. Finally, in sexuality cases, family relationship was, again, the most common additional problem recorded.

Chapter 3: Findings about facts of life

3.1 Puberty and Development

Many of these calls were about needing to talk to someone about the changes happening in their body, such as developing breasts or body hair, starting periods, getting erections, and most did not contain any indications of a concern or worry. Some children and young people indicated that it was difficult to talk to friends or parents, that they had a poor relationship with parents, or that they didn't have anyone to talk to. However, most frequently, callers were seeking explanation or advice about puberty. Here the key themes were: explanation, normal, peer comparison, and peer exclusion/inclusion.

Calls asking for explanations came mostly from 8 to 13 years. For example, boys and girls asked about emissions (white stuff); how and why their penis became hard; why breasts were different sizes; or general questions about what changes could be expected at puberty. In many narratives callers asked whether something particular about them was 'normal', for example, whether it was normal to have pubic hair, large breasts, body hair, periods at a certain age, and whether it was normal *not* to have any of these at a certain age. Callers also expressed concerns about sexual feelings, such as whether it was normal to think about naked women, or to masturbate.

Caller said he was going through puberty and having wet dreams. Caller said he was too embarrassed to tell anyone. Wanted to know if it was normal. (FOLF, 2003, MC, 13 years)

Peer comparison was an issue in a substantial number of calls. Many callers were concerned that they were more or less developed than their peers, and whether this meant that they were developing abnormally or not. However, using peers as a frame of reference was, in many cases, the cause of anxiety and a misleading source of information. Some callers felt, for example, that they shouldn't have breasts or pubic hair because their friends didn't, or likewise, that they *should* have developed in these ways because their friends had. Peer exclusion/inclusion was another key theme within calls regarding development and puberty. From as young as 8 years, and through to age 16, callers described being teased by friends and/or peers either for not being developed or for being too developed, for example:

Worried that her pubic hair has not grown. Doctor said there was nothing wrong but not convinced. Friends laugh. Periods are OK and no other worries about health. I think I am a freak. (FOLF, 2004, FC, 14 years)

3.2 Body image and appearance

Sometimes closely linked to the theme of development and puberty were concerns from many callers about body image and appearance. Interestingly, many calls relating to both of these sets of concerns appeared to be integrally linked with peer exclusion and peer comparison. Concerns about body image and appearance were also heavily dominated by female callers, with few males expressing these concerns. The main concerns presented within this theme were weight concerns, size of breasts, penis size, stretch marks and cellulite, spots, body hair, and generally feeling unattractive or ugly. Apart from weight, concerns about body image and appearance were not expressed by any callers under the age of 9 years.

Weight concerns were expressed, overwhelmingly, by female callers aged 8 to 17 years. Most callers were concerned about being overweight, with many girls describing feeling fat and ugly. Often callers who felt overweight also described being bullied and called names because of their weight. As with many of the other concerns with body image and appearance, those concerned about their weight often expressed these in relation to their peers, describing their peers as thinner and feeling fat and unattractive in comparison.

Similarly, in narratives from girls of most ages, peer comparison emerged as a key theme, with girls worried that their breasts were too small compared to their friends or peers of the same age and some describing being teased about this by male and female peers. However, only a few boys expressed concerns that they were unattractive, and these concerns were closely tied to partner relationships and wanting to have a girlfriend. Many more girls expressed this concern, feeling that they were ugly, less attractive than friends, and too unattractive to get a boyfriend. It was notable that, unlike boys, a few girls described these feelings as being related to or arising from peer exclusion and bullying, often bullying by male peers, who had told them they were ugly. The one body-image concern that was expressed frequently by male callers was the size of their penis, notably that it was too small, for example:

Having puberty problems. Penis isn't growing and he is disappointed. It's small compared to everyone else in the football team. (FOLF, 2003, MC, 12 years)

From the age of 9 years, a theme that emerged quite strongly was concerns about body hair, and specifically how to control or remove it. Although boys and girls discussed concerns about developing pubic hair, having and not having it, it was consistently female callers who were concerned about the control and removal of body hair, for example:

Upset because she has pubic hair which she thinks is too bushy for wearing bikini bottoms. Has tried cutting them but she is scared they will be seen. Also has a white discharge but no period yet. (FOLF, 2003, FC, 11 years)

3.3 Periods

A substantial number of calls from female children and young people were about periods. A key issue for callers aged 10 to 14 was fear and worry about periods starting, in particular fear that their periods would be painful, and worry that their period would start when they were at school. Some were concerned that, based on peer comparison, their period had not yet started; a substantial sub-theme of periods was about how to prepare for, and deal with, periods.

Most commonly, girls whose periods had just started were experiencing some kind of problem for which they required support, information or advice. A number did not know what their period was and so were concerned and confused by its arrival. However, many of these callers were phoning because they didn't have anyone else they were comfortable with talking to. In particular, parent-child communication emerged as an issue. Many callers were aged between 8 and 13 years and, although some just wanted additional information to that already received from their mothers, others said they didn't feel they had a good relationship, and therefore didn't want to, or couldn't talk to her.

3.4 Terminology

At every age children and young people used the ChildLine service to obtain definitions of terms of a sexual nature. Peer communication was the most common way that callers indicated having heard a number of terms. The youngest callers almost exclusively indicated hearing terms from their peers, from friends, and in the context of peer bullying. Very often children and young people expressed a need to know the meaning of a term(s) because friends or peers were laughing at them or teasing them for not knowing. Other callers described hearing terms from peers and wanting to know their meaning before their ignorance was discovered and they were laughed at. Ignorance of sexual terms thus emerged as a potent form of peer exclusion, and seeking a definition of these terms was a means by which many callers sought to be included or to put an end to teasing about their ignorance.

This theme of peer exclusion / inclusion began at age 5 years and continued through to age 16 years. A notable gender difference was that, for boys, it was common to be labelled with sexual terms as a means of name calling and bullying, something rarely reported by girls. Younger callers in particular described this, with boys being called names such as 'penis', 'homosexual', 'wanker', 'dildo', or 'horny'. The reports of this kind of peer exclusion ceased at age 13 years, suggesting that this may be more common amongst children than teenagers, or that teenagers are less likely to seek ChildLine's help for this problem than are children. In contrast, peer exclusion on the basis of sexual

ignorance became more common amongst teenagers than children and affected both males and females for example:

My friends have been talking about a 69. I do not know what it is - they think I'm a dork. They all make fun of me. (FOLF, 2004, FC, 15 years)
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3.5 Partner communication

In contrast with peer communication, partner communication was notably gendered, such that terms were much more commonly heard from partners by female callers in the context of a request to perform a sexual act or participate in a sexual act of some kind. Many of the callers asking for a definition of the term 'blow-job' fell into this category, having been asked to perform a blow-job by their boyfriend, and not knowing what this meant. Many callers, including a smaller number of boys than girls, indicated that they felt too embarrassed to ask partners what it meant in case they were laughed at.

A key point to highlight about the theme of terminology was the substantial range of terms that were asked about. Children and young people evidently accessed and were exposed to an expansive vocabulary regarding sex and development, and many may have understood sex and development through terms that may not be part of an accepted curriculum of sex education. Moreover, it is possible that sex education may fail to explore and address these terms, and thus fail to meet the demand for knowledge that these children and young people have. What is also highly significant is that children and young people as young as 5 and as old as 16 expressed a need or desire for information that was often the same, indicating a need for continuous sex education, not a 'hit and run' approach.

3.6 Seeking explanations

Furthermore, there were many requests for more detailed explanations of facts of life issues by callers of all ages. These were mostly about the body, sex and sexual acts and 'how to' questions. Questions ranged from basic enquiries about reproduction, through to very specific questions about masturbation, the mechanics of sex and the performance of sexual acts. Amongst the children who called, aged between 5 and 10 years, there were quite a few calls about parents or siblings having sex. Many callers from 10 -17 years old asked about same gender sexual acts.

Many children and young people aged between 9 and 18 years phoned to talk about masturbation. For boys aged between approximately 10 and 12 masturbation was one of the key issues that they called about. In this age group there were questions about how to masturbate and concerns that they didn't know how. There were also quite a few boys and girls who wanted to check out

whether it was ok, healthy or wrong to masturbate as well as a few callers, male and female, who felt that it was wrong and felt guilty about it. As callers got older, particularly from age 13 and upwards, concerns began to be expressed about how frequently they masturbated, and whether this was normal for example:

Friends say that I masturbate too much, bit worried, can't talk to mum or dad. (FOLF, 2004, MC, 15 years)

Evident in many narratives was a sense that callers believed there was a specific or 'right' way to do things like kissing, sex and oral sex. Often this was indicated by anxieties about doing it wrongly or badly; particularly in calls about kissing. Moreover, these anxieties again revealed the importance of peers and sanctioning in the social context, as callers were worried about feeling embarrassed, being laughed at, talked about, or dumped by partners and peers as a result of their sexual ignorance. A key point regarding the 'how to' questions and the questions about sex, is that many of these were asked about in the context of young people's deliberations about having sex with a partner. These young people were thus considering or beginning sexual relationships, whilst lacking understanding and information that could be vital to the maintenance of their sexual health and wellbeing. In this context, it was interesting, however, that there were very few calls about sexually transmitted infections. The importance of peer, partner and family relationships in framing children and young people's sexual health and wellbeing concerns suggests that strategies for addressing STIs need also to be framed within these relationships.

Chapter 4: Findings about sexual abuse

4.1 Perpetrators of sexual abuse

Most (94%) sexual abuse cases recorded details of the perpetrator. It was possible to identify the perpetrator's gender in 90% of cases where the perpetrator was recorded. In total, 48% of perpetrators were a parental figure, 38% being the child's 'natural' parent; most commonly the father (71% of 'natural' parents). Only 7% of all perpetrators were strangers. Overall, four fifths of perpetrators were male. Boys were nearly as likely to report abuse by males as abuse by females. For girls the majority of cases featured abuse by males.

4.2 Communication, Language and Terminology

Children and young people communicated about their sexual abuse experiences in very different ways. Some callers presented their concerns directly, while others were hesitant and took time to build up to their disclosure. Many callers described the abuse in detail, and many used explicit language. Others only implied that sexual abuse was occurring, hinting at and suggesting it without declaring it overtly. These differences gave rise to four different styles of communicating sexual abuse concerns: direct, indirect, explicit and implied. These data are important as we know relatively little about how children communicate about these experiences at the time when they are happening to them.

It seemed from the narratives that the majority of callers presented their sexual abuse concerns directly. As the age of callers increased, the tendency toward an indirect style of communication also increased. The difference between the direct and the indirect style was that, in the former, the caller stated their concerns without preamble or build-up to the disclosure, for example:

Dad tries to have sex with me. (SEXA, 2003, FC 12 years)

By presenting concerns indirectly, callers appeared to be 'drip-feeding' their story to the counsellor, allowing it to unfold slowly. For some callers this may have been an important way of checking how the counsellor was reacting to what they were saying, helping them to keep feeling safe throughout the communication. For some it may also have been important in enabling them to find the words or the courage to tell their story, as the following extract indicates:

Worried because there was something she wanted to tell mum but didn't know how. Someone in her family whom she thought she could trust had done things to her. Then said it had been her grandpa. When she was younger she sometimes stayed overnight with him. (SEXA, 2003, FC, 16 years)

There were also a number of different ways that callers implied they were experiencing sexual abuse. Very often, callers described a person as doing 'things' or 'stuff', to them that they didn't like or felt uncomfortable with. This implication of abuse was often strengthened by the feelings that callers conveyed in the context of the 'things' or 'stuff' that were happening; feelings such as being ashamed, feeling sick or dirty, or feeling afraid. Either implying or indirectly communicating about abuse were also a clear reflection of the fear, pain and discomfort that callers felt when trying to communicate about their experiences and concerns, in many cases for the first time.

In contrast, a substantial number of callers communicated about their abuse experience explicitly. This style was used more frequently than the indirect or implied styles, and was common amongst callers across all ages, male and female. This may have been an important way of coping with the experience and helping to make sense of it, or perhaps some callers may have been disinhibited by their experience of sexual abuse, such that they did not perceive their language to be explicit or confronting to the listener. These explicit forms of communication were particularly striking because they challenged the norm of silence and secretiveness surrounding sexual abuse, as well as the stigmatised discourses of sex that make it difficult for people to talk openly about it.

Explicit sexual language was prevalent amongst callers. This may have been the vocabulary that callers had acquired in the context of the abuse, however, for some callers this might have been the language they were most comfortable with, which reflected the mainstream language of sex to which they had been exposed (for example, terms such as 'fucking' and 'shagging'). In contrast, amongst the youngest callers in particular it was common for the language used to be very 'innocent', using euphemisms such as 'flower', 'winky', 'willy' or 'down below'. This innocent language and lack of understanding sat in paradox to the very explicit sexual language or detailed descriptions of sexual acts which older callers communicated. Having experienced sexual abuse many callers clearly had sufficient understanding to describe what had happened to them, however this knowledge may not have been supported by a more general understanding of sex and the body, and a corresponding vocabulary with which to communicate about it.

A term that was commonly used by children and young people to describe abuse was 'dirty'. Many callers implied it was sexual abuse they were experiencing by saying that 'dirty things' or 'dirty stuff' was happening. Others were direct that they were being sexually abused and described the things that were involved in the abuse as dirty. For example:

Daddy is trying to do things to me, <u>dirty things</u>. Did not want to talk about them. Mum/dad had split 2 years ago. Daddy is mum's new boyfriend. Told mum, does not believe her. Mum says she deserves it. Feels like running away. Told her grandma. (SEXA, 2004, FC, 11 years)

4.3 Problem Solving and Coping Strategies

All of the calls to ChildLine regarding sexual abuse can be viewed as a way in which the child or young person was trying to problem solve or cope with their experience. Feelings of shame and embarrassment might also have been lessened by communicating about abuse over the phone, where a face-to-face communication would be more threatening.

In addition to the disclosure to ChildLine, a large number of callers indicated that they had disclosed to someone that they were being sexually abused. Disclosure appeared to be proportionally more common amongst females than males. By far the most common person that young people reported having disclosed to was their mother. In some instances, disclosing abuse was positive in that the caller had been met with support and action was taken to address the abuse. However, a central problem for approximately one third of the callers who had disclosed abuse was that they had not been believed. For the majority, the person who had not believed them was their mother, and in most cases the perpetrator of the abuse was the mother's partner: father, boyfriend, or step-father. For example, one 9 year old whose father was sexually abusing him said:

told mum but she didn't believe me, said dad wouldn't do anything like that. (SEXA, 2003, MC, 9 years)

Whether or not friends knew of the abuse, they were often mentioned as an important source of support to callers. Many callers indicated that the only people to whom they had disclosed the abuse were their friends. As was also indicated in our previous research, the role of friends in supporting children and young people highlights a potential gap in support that is needed for the friend to cope with this responsibility.

Whilst some children talked about running away to escape the abuse, many spoke about resistance. In a large number of calls the caller talked about the ways in which they had tried to stop the abuser or prevent the abuse from occurring. Approximately half of these callers said that they had asked or told the abuser to stop at the time of the abuse. Very few, however, indicated that these requests had been successful, and some told how they had been hit, shouted at, or laughed at in response. There did not appear to be any particular gender differences in the reporting of this strategy. Many explained how they had tried to fight off or push away their abuser. Again, most of these attempts were unsuccessful in stopping the abuse and, in some cases, callers were met with increasing violence or worsening abuse. These reports demonstrate the active role of children in trying to defend themselves and stop the abuse, often unsuccessfully. However, with each failure to stop what is happening the child or young person may come to believe that no effort or intervention can be successful, and so reach a point where they feel helpless. This can lead on to the

suicidal thoughts, self harm, blanking out of the abuse, avoidance of the abuser, or sheer helplessness described by some callers, for example:

Dad says he will 'batter me tonight if I do not have sex with him. Been abusing her since aged 9. Copes by trying not to think about it'. (SEXA, 2003, FC, 13 years)

The common aim of most of the coping and problem solving methods that the callers talked about seemed to be to provide an escape, whether interim or permanent, from the experience of sexual abuse and /or the emotional suffering it induced. Whilst these strategies may reveal a great deal about how children and young people try to deal with experiencing sexual abuse, these callers nonetheless remain differentiated from other victims by their decision to contact ChildLine. A striking feature of many narratives was the resilience and determination of callers who phoned ChildLine to disclose their abuse, despite experiences such as not having been believed by some of the most important people in their lives.

4.4 Violence and Physical Abuse

One of the most consistent issues presented by callers as occurring both within sexual abuse, and in addition to it, was the perpetration of violence and physical abuse against them. This was a substantial issue presented by a large number of callers. There can be no sexual abuse without physical abuse; however, many children and young people described sexual abuse that was sadistic and designed to inflict physical pain. Many also explained that violence and physical abuse were deployed by abusers to ensure their compliance in abuse, and to punish resistance, for example:

Dad tries to put his hands down my trousers when mum goes to bed. Told me not to tell anyone. Hits me, slaps me and punches me. Bruises on my face and 2 black eyes. (SEXA, 2004, FC, 11 years)

A notable further issue in the narratives of young women was the level of violence and physical abuse perpetrated against young people by their partners, some of whom were young men of similar or peer age. In many of these calls it was apparent that the caller remained in the relationship. Some young women indicated feeling that they could not end the relationship because they were too afraid of what would happen or what their partner would do, or because of feelings of love or affection for the partner. The issue of violence, physical and sexual abuse perpetrated by partners indicates the need to address these behaviours in young men.

4.5 Factors within abuse

In describing their experiences of sexual abuse children and young people revealed much about the strategies that abusers used to force or coerce the child or young person's participation. These 'strategies' included 'grooming', 'normalising', blackmail and manipulation, and threatening violence. One example was that abusers manipulated callers to believe that the abuse was a game, and described various, unrealistic, consequences for callers if they did not comply with the abuse. Again, a theme about 'normality' ran through a number of calls. This theme was multi-layered. Normalising the abuse was one way that callers described being manipulated by abusers. For example, abusers framed the abuse as loving or told the caller that this was what lots of fathers (or uncles, brothers, mothers etc.) did with their children. Abusers also normalised the abuse by acting normal afterwards, as though nothing had happened. Finally, some callers talked about believing the abuse to be normal, for example:

Being sexually abused by his mummy; as far back as he can remember she would touch him sexually; just thought it was normal, then thought if left it would get better but when turned 16 mum started to make him have sex with her; feels degraded by it. (SEXA, 2003, MC, 17 years)

In having the child or young person believe the abuse to be normal, abusers were enabled to continue the abuse, sometimes over a long time. This issue further highlights the need to provide children and young people with an understanding of their rights in sex and relationships, including what is appropriate and inappropriate touching and from whom. Such an approach could help children to identify and understand what is and is not abuse and perhaps to seek help sooner.

4.6 Factors related to abuse

There was a consistent effort by some children and young people to explain, understand, or justify the sexual abuse perpetrated against them. The most common factors outlined were divorce, separation and bereavement, alcohol and to a lesser extent, drug use, and 'other problems' which described a range of issues faced by the caller that may have made them more vulnerable to abuse. Echoing findings from our previous research, if, as callers believed, sexual abuse can occur as the product of crises such as bereavement or relationship breakdown, (albeit undoubtedly within a complex interweaving of factors, all of which are not clear from the present analysis), there is clearly a need for support for adults that is not being met. In some cases it is possible that such support for the vulnerable adults involved could act as a preventative measure against abuse.

4.7 Impact of Sexual Abuse

Most commonly discussed was the emotional impact, discussed below, and a substantial range of feelings were expressed by callers. In addition, there were

physical, psychological and social impacts including pain, sexual arousal and gratification, identity issues, depression and low self-esteem and relationship problems with friends, family and partners. For the most part the emotional impact described was the result of ongoing abuse being experienced at the time. However, there were a small number of callers who discussed the long-term impact of abuse which they had experienced in their past. Many callers described how this experience had left them unable to live normally, because of ongoing feelings of fear that continued to plague them, for example:

Raped 18 months ago by ex-boyfriend; out with her friends; she walked the last part home alone; he lives next door; grabbed and raped her; a week later she told her Mum and her friends; become so scared to go out; now given up school. (SEXA, 2003, FC, 17 years)

The two main physical impacts which callers explored were pain and feelings of sexual arousal or gratification. Unsurprisingly, sexual arousal and gratification was a complex issue that was, in many cases, closely tied to the emotional impact of the abuse. A number of both males and females described experiencing sexual arousal and gratification in the course of sexual abuse, although this was proportionally much greater amongst male callers. For some callers these feelings of sexual arousal or gratification made them feel guilty. Many said they knew it was wrong but they enjoyed it. In other narratives callers described feelings of confusion about the sexual gratification they had experienced. These feelings may also be a risk factor for longer-term self-blame for the abuse.

4.8 Emotional impact of abuse

The range of feelings expressed by children and young people was considerable. Callers described feeling annoyed, used, cheap, degraded, shocked, surprised, terrible, bad, ashamed, disturbed, embarrassed, trapped, worthless, and numb. By far the most common emotions expressed by callers were fear and worry. This was consistent across males and females of all ages. Callers described feeling scared, worried, frightened, and terrified.

A large number of callers also described feeling unhappy, sad or depressed about what was happening to them. A common emotion described by callers was confusion. Predominantly this was described by male callers in relation to sexual relationships about which they felt ambivalent or about sexual abuse in which they had experienced sexual gratification, as indicated above. This was a particularly complex area for young men who were being sexually abused by female perpetrators. Many callers conveyed, either directly or implicitly, a feeling of anger about the abuse. Anger, hate and a wish to punish were expressed by male and female callers of all ages, most commonly amongst older callers. Callers implicitly expressed anger through feelings such as hate for the abuser and their desire for them to be punished. Finally, a number of the emotions

described by callers conveyed the strongly physical, embodied feelings incurred by the abuse. Callers described feeling disgusted, disgusting, sick, dirty, filthy.

4.9 Why disclose the abuse to Childline?

The reasons why children and young people took the decision to contact ChildLine at a particular point in time were often not clear from the narratives. However, a number of callers described problems or concerns that constituted a significant and threatening change in their circumstances and seemed likely to have precipitated the decision to call. Three principal changes were the escalation of abuse, the possibility of pregnancy, and feeling that they had 'reached their limit'. These changes signalled a crisis-point for the caller.

However, more commonly, it was the callers' talk about the barriers to disclosure and their underlying motivations for remaining silent that were particularly revealing about how children and young people deal with sexual abuse. With very rare exceptions, all callers indicated that they wanted the sexual abuse to stop, though many had evidently tolerated a considerable amount before reaching the point of no longer being able to cope. However, for many, reaching such a point was in competition with other priorities, such as protecting others or avoiding the consequences that could arise from disclosure. For these children and young people, many of these consequences were also very serious and undesirable and they demonstrated a strong and often complex understanding of them.

Many callers described having serious concerns about disclosing sexual abuse because of the potential impact of disclosure and the consequences for themselves and others they cared about. Some talked of themselves feeling responsible for the abuse and that they were bad people; others of caring for the abuser. Others stated that they believed they would be removed from their home or taken from their family, or that disclosure would break up their family or their parents' relationship, upset the person they told, or cause trouble. The most consistent fear was of experiencing violence, in some cases because this had been threatened by the abuser. A substantial number simply said they feared they would not be believed. The decision to try to get help was thus one option in an often complicated web of considerations, all of which might shift and change at different times in interaction with the callers' available coping resources.

Chapter 5: Findings about pregnancy

5.1 Suspecting or confirming pregnancy

A substantial proportion of the male and female callers who contacted ChildLine regarding pregnancy, stated that they knew themselves to be pregnant or that they had been informed that a female partner had become pregnant. Approximately a third of the young people whose pregnancy was confirmed

indicated that they had had been seen by a health professional: family planning clinic, health centre, hospital or GP. A large number of other narratives stated simply that the caller had done a test and it was positive, suggesting that it was a home pregnancy test, although often this was not specified. However, a very large number of young women and a proportionately large number of young men stated that they *thought* that they or their girlfriend was pregnant, or that they were worried about the possibility of pregnancy. In many narratives it was indicated that the caller had not conducted a pregnancy test. In some narratives there were specific reasons for this, for example some callers described feeling too scared or nervous to have a test, some indicated that they did not want to get a test or were not sure if they wanted to, and others were phoning because they didn't know how or where to get tested, for example:

Had sex with boyfriend; didn't use protection; scared to do a pregnancy test; thinks mum will go mad. (PREG, 2003, FC, 13 years)

The young people (all female callers) who did not know how or where to get a pregnancy test indicate a knowledge gap that could be addressed by sex and relationships education. However, some young women evidently had knowledge about where to get advice and information about pregnancy, but nonetheless also sought support, information and/or advice from the ChildLine service. The relatively few calls expressing concerns about confidentiality nevertheless highlight the importance of continuing to educate young people about services and their rights to confidentiality, as well as providing information about where to access services and what they offer.

5.2 Identifying pregnancy

Both those callers who suspected pregnancy and those who had had it confirmed by a test often described physical changes or symptoms that they believed might indicate pregnancy, and often it was these changes that had prompted them to have a test. Many callers described having experienced more than one change or symptom occurring at a time, most frequently, missed/late period, weight gain, morning sickness and stomach pain.

However, other than physical changes and symptoms, the other major reason given by a large proportion of callers for thinking that they were pregnant was that they had had unprotected sex. Some narratives did not describe any indications or symptoms of pregnancy, suggesting that callers' main or only reason for thinking they might be pregnant was that they had had unprotected sex. In many calls, though, physical changes and symptoms were discussed with reference to having had unprotected sex, therefore indicating that this combination of factors was creating the concern. The extent to which young people were worried about pregnancy following unprotected sex and in the absence of other indications of pregnancy, suggests that some of these young people perceived pregnancy to be a very likely or certain consequence of

unprotected sex. This perception, coupled with the apparent distress and concern regarding pregnancy, is interesting as it suggests a desire not to be pregnant, and a clear awareness of the risk involved in unprotected sex, yet neither of these factors had prevented the young person from having unprotected sex.

5.3 Factors related to teenage pregnancy

In the majority of narratives the context in which the caller had had sex and become pregnant were not indicated. For example, it was not clear if the callers had the knowledge and skills to have safe sex, nor what ways in which the context might have led to their having unprotected sex. Nonetheless, many callers did describe salient contextual factors that had clearly contributed to their decision not to use protection. Most commonly, young people described sex that had happened when they were at a party, and/or when they had been drinking. In describing themselves as having been drunk or drinking when they had had sex it was apparent in most narratives that callers were indicating a loss of control which had led them to have sex. The suggestion from this, though not explicitly stated in the narratives, was that these young people did not think they would have had sex had they been sober, for example:

Was drunk and had sex with boy. Think I might be pregnant. Had sex last month, had one day heavy bleeding 3 weeks after sex. No pregnancy test. No condom. We were drunk. I am not drinking ever again. I am going to have an abortion if I am pregnant. (PREG, 2004, FC, 14 years)

However, it is important to note that, whilst these factors were discussed in many narratives, it was much more common that callers indicated they had had sex with their partner, suggesting that sex, and perhaps unprotected sex, had been an ongoing facet of their partner relationship, for example:

14 year old caller thinks she is pregnant. Got drunk at party 1 month ago. Had sex with boyfriend. Was pressured by friends to drink alcohol. Known boyfriend for about 2 months. He is really nice. He is 15 years old. Didn't use condom. Was really drunk. (PREG, 2004, FC, 14 years)

It is clear from these narratives that alcohol and parties are seen as contributing to unprotected sex and pregnancy by young people, particularly perhaps when in conjunction. From the facts of life data it was also apparent that perceptions of peer expectations could exert pressure on young people to have sex, in order to fit in and to avoid peer exclusion. The combination of an alcohol-induced lack of control with the party/peers context seems to be highlighted by callers as particularly conducive to risk of unprotected sex. These data suggest that there would be value in further research to explore these contexts with young people and how they contribute to decision-making regarding sex and protection. Education might also seek to explore the development of practical skills, such as

carrying condoms to parties, as well as ways that young people can support each other at parties and in similar contexts where they are more at risk.

5.4 Emotional reaction

By far the most common emotions expressed about pregnancy by callers of all ages, male and female, were fear and worry. Many narratives simply stated that callers were afraid worried or upset because they were, or might have been pregnant. Callers who did not know if they were pregnant often expressed fear or worry that they would be, and many expressed fears about conducting a test. Very often, callers described feeling most afraid of how their parents would react, for example:

Pregnant – been to GP and now 5 months pregnant. Wants a termination before mum and dad find out. Does not want to hurt them. Worried and does not know where to turn. (PREG, 2004, FC, 15 years)

Got girlfriend pregnant, feel scared. (PREG, 2004, MC, 16 years)

Many callers also described feeling confused, often about their options and about trying to make a decision. Some were confused or conflicted in their feelings about the pregnancy, and described feeling both happy and sad or unsure what they felt about the pregnancy. Some expressed anger or shock and it was only in a small number of narratives that young women said that they were happy about being pregnant or expressed mixed emotions including feeling happy to some extent about it. All of the feelings outlined in this subsection highlight the enormous difficulty young people faced in dealing with pregnancy, make it potentially very difficult for them to think clearly about their options, and suggest the importance of having support and help.

5.5 Options and decision-making

A central concern in many narratives was what options were available to young women who were pregnant and their partners, and how to decide what to do. It is also evident from the analysis that there is considerable diversity amongst young people in terms of what options they favour, and why. Thinking about options and making decisions was a highly complex process, with young people often struggling with a number of considerations and difficulties beyond simply what they themselves wanted to do about the pregnancy. It seemed that many young people were using the ChildLine service, at least in part, to explore their options and facilitate their decision making. A large number of young women and, proportionately, many young men said that they did not know what to do about being pregnant, indicating a need for information and support, for example:

Has taken 2 pregnancy tests. One positive and one negative. Has not had a period for 4 moths. Does not want to have baby. No abortion because it is

murder, caller is going to talk to GP about what he can do to help. (PREG, 2003, FC, 14 years)

A large number of callers, both those who thought they might be pregnant and those who knew they were pregnant, stated that they did not want the baby. A very large proportion of the narratives from young women and men contained discussion about the option of abortion. Proportionately there were also many male callers who stated that they did not want the baby, for example:

I've got my girlfriend pregnant, want to know what options I have, I do not want to keep the baby, she isn't sure, feel as though I'm too young to be a father. (PREG, 2003, MC, 17 years)

But there were many callers who said they wanted to keep the baby, for example:

Girlfriend pregnant. She wants an abortion and I want her to have the baby. 4 months pregnant, been to doctor. It will change life, a lot more responsibility. (PREG, 2003, MC, 17 years)

The sense from most narratives was that young people were at least aware of the three options: to abort, adopt or keep the baby. However there was much less certainty about what these would entail, and how to go about making and then carrying through with these decisions. Consequently, many callers asked quite specific questions about their options. The majority of these questions were concerned with abortion, with many questions asked about how and where to get an abortion. Many questions were also asked about confidentially and consent issues. Such callers were concerned about whether decisions could be made without their parent's knowledge or consent; whether their parent(s) could force them to make a decision they did not want; and whether they could speak to services in confidence without their parent(s) being informed.

5.6 Conflicting wishes – parents, relatives and partners

In a large number of calls young people described conflict between their own wishes and those of their parents and, occasionally, other relatives. In many narratives young people had not yet informed their parent(s) of the pregnancy, and were therefore expressing concerns about what their parent(s) wishes might be. In other narratives the pregnancy had been disclosed and there was overt conflict between what the caller wanted and what their parent(s) thought they should do. Finally there were narratives in which young people expressed uncertainty about what they wanted, but whose parent(s) had clearly expressed their opinion or desire for what they should choose. These were central concerns for many young people. Conflicting wishes between callers and their partner or the father/mother of the baby was also described in many narratives, although, notably, less often than was conflict with parents. The conflict between

partners was not clear cut; i.e. it was by no means always the case that young women wanted to keep the baby and young men did not.

In some narratives it was clear that young people were experiencing pressure from others to make a decision in a particular direction with regard to the pregnancy; i.e. pressure to have or not have an abortion, to adopt or to keep the baby. It was clear in some calls that this pressure was making it very difficult for the young person to decide what to do. Also evident was that many of these young people felt unsupported by the people close to them, primarily because of this conflict and pressure, for example:

Problems at home, pregnant (6 months), parents threatening me, say they will put baby up for adoption, I want to keep it, boyfriend wants to keep baby, sister understands, she had twins at 12, step dad giving me silent treatment, 2 brothers and younger sister. (PREG, 2003, FC, 13 years)

5.7 Disclosure and support of pregnancy

There were many differences across narratives as to whether young people had disclosed their pregnancy, and if so to whom. Most young people indicated that they had told *someone* that they were pregnant or were concerned they might be pregnant. Disclosure was, however, strongly tied to relationships with peers, partners, parents, and other relatives, and often it revealed much about the quality of these relationships and the support that young people were receiving or expected to receive from the key people in their lives. Many young people expressed considerable fear or anxiety about what reactions from such key people might be.

The ratio of callers who indicated that they had not yet told their parents they were or might be pregnant, to those who had disclosed, was approximately 3:1. Therefore, for a very large proportion of callers, disclosing pregnancy to parents appeared to be as great or a greater concern than the pregnancy itself. This continued to be the case amongst many callers who had disclosed the pregnancy to their parents, depending upon how their parents had reacted and what degree of support the young person was receiving. Given that this data emerged from young people's disclosure to ChildLine, it seems likely that these young people were not without a need or desire for adult support and guidance.

The central reason for non disclosure given by a large proportion of callers was that they were frightened to tell their parents, and of these, many indicated that they were afraid of how their parents would react. Callers expressed these concerns at all ages. Most callers expressed concern that their parents would be very angry with them; sometimes callers expressed shame or embarrassment that they had let their parents down. There were also some young people who specified fears of very serious reactions or consequences, such as being thrown

out of their home, or violence. Something of the range of fears about disclosure is illustrated below:

My girlfriend is pregnant. We had sex 2 weeks ago. She did a pregnancy test. I'm scared about having to tell my mum and scared of my girlfriend's parents. (PREG, 2004, MC, 13 years)

Positive she's pregnant – tested herself – unprotected sex – scared what mum will say – she'll be disappointed – boyfriend 17 will stand by her. (PREG, 2003, FC, 17 years)

*Pregnant, been to doctor, blood tests and urine test. Told Gran and sister they will not tell mum and dad but will help. Mum and dad will throw her out. Threw sister out when she got pregnant. Sister lives with boyfriend. They will hit me if I tell them (*PREG, 2003, FC, 13 years)

Of those callers who had not yet told their parents their concerns, there were many who stated that they did not know how to. Notably, some of these young people were clear that they wanted to tell their parent(s), and some were seeking advice from ChildLine about how to go about this. Moreover, it was evident in some narratives that young people wanted to tell their parent(s) because they needed their parent(s) support.

It is possible that many young people's fears were unfounded and parents might have ended up being supportive. However, in a large number of cases callers also spoke of problems in their home or family life of a serious nature, such as very poor relationships, bereavement, drug or alcohol problems, or abuse. Those young people whose fears had foundation clearly highlight the considerable importance of sources of support and advice available outside the family unit.

Although lack of parental support was a common concern across a substantial proportion of narratives, there were many other callers who indicated that their parents were providing support to them during the pregnancy. However, perhaps unsurprisingly given the nature of the ChildLine service, these were fewer than callers who were having problems. Nevertheless, amongst the young people who described their parents as being supportive were many whose parent(s) had initially been very angry or upset, but who they had calmed down and were now ok, for example:

Mum knows she is pregnant and has hit her and sent her to bed. Climbed out the window. Happened 2 days ago, mum now helping her but friends won't talk to her. (PREG, 2004, FC, 15 years)

In a large number of narratives callers indicated receiving support and help from relatives other than their parents. Often this support was provided in the absence of parental support, and in many cases this was because parents had

not been told of the pregnancy or pregnancy concerns. The relatives that young people described as receiving support were predominantly female: mostly sisters, but also aunts and grandmothers, and very occasionally uncles, brothers and grandfathers were mentioned.

Overwhelmingly, though, a major source of support for young women concerned about pregnancy came from their friends. As with relatives, the majority of these friends were female and in many cases, this support was indicated by young people phoning on behalf of their friend, or to express concerns about their friend. Only in a very few cases did callers express concern about how their friends would react to the pregnancy. Very few male callers, though, described support from their peers. However, for girls and young women, friends often provided support by accompanying callers to the doctor/clinic for a test or being with them to do a home test. They also kept their friend's confidence and offered advice or suggestions regarding how to handle the pregnancy. A key way that friends provided support was by providing young people with a place to stay when they did not want to stay at home or had been kicked out of home because of the pregnancy. Friends were therefore a crucial support mechanism during teenage pregnancy.

Chapter 6: Findings about partner relationships

6.1 Importance

Relationships appeared to have great significance for many children and young people, and in many narratives callers communicated strong desires to be in a relationship with someone. Perhaps unsurprisingly, in 91% of relationship cases young people were phoning about their relationship with their boy or girlfriend (75% of all cases included details of the relationship the young person was concerned about). The next most frequent (5%) category was relationships with other children (not siblings). When phoning about a boy / girl friend relationship, nearly all girls (99%) phoned about their relationship with their boyfriend, with 93% of boys phoning about their relationship with their girlfriend.

Many callers, both female and male, described wanting to have a boyfriend or girlfriend. Sometimes this desire was related to feeling attracted to a particular person, but often calls were about other priorities including fitting in with peers who had partners; addressing feelings of being left out or lonely; and providing opportunities for sexual experiences. Some callers said that they wanted a partner because all their friends had one, and a few described friends as teasing them for not having a partner. A few callers also indicated that having a partner would provide them with status in their peer group, for example:

All his friends have girlfriends except him, doesn't want to be alone for the rest of his life, now his friends have girlfriends he doesn't see them and he is feeling very lonely. (FOLF, 2003, MC, 12 years)

Friends are all pretty and have boyfriends. I'm ugly and want a boyfriend. Tried make-up but boys make fun of me. (FOLF, 2003, FC, 14 years)

6.2 Attraction

A substantial number of calls from children and young people of all ages were about attraction. Many callers told ChildLine about how they fancied someone, describing, for example, what the person was like, or how the attraction was making them feel. These narratives often contained descriptions of strong feelings that conveyed the significance of attraction in these young people's lives. Sometimes the call was about sharing these experiences; more often, though, callers described complications or worries that made the attraction problematic in some way, and so their call was motivated by a need for guidance, advice or support. Some children described feeling embarrassed or nervous about their attraction; others worried it would be discovered; others were afraid that they would be teased or laughed at if their peers found out.

A large number of both male and female callers sought advice about *how* to ask out the person they fancied, often because they felt very shy or nervous to ask someone out, and/or because they were afraid of rejection. A lack of skills for communicating with potential partners was an issue that emerged strongly for callers of all ages. Peer support occasionally emerged as a strategy, whereby caller's friends were enlisted to talk to potential partners, and ask them out on the caller's behalf or ask them how they felt about the caller. Many callers said they feared being rejected and some called because they had experienced this. Rejection was also threatening because, in some narratives, friends or peers knew of the rejection and teased callers about it, intensifying the upset or feelings of humiliation.

*I fancy Ross. My friend Steven wrote him a letter for me saying how I feel and asking him if he will go out with me. He circled no. I feel rejected, upset, angry and confused. He doesn't fancy me as I am ugly. I want to kill self. (*FOLF, 2004, FC, 13 years)

6.3 Ending relationships

The ending of relationships was a major topic of concern for young people. Callers phoned both because they had been 'dumped' and because they had dumped, or wanted to dump their partner. Often callers expressed strong feelings of loss and hurt, indicating that the emotional impact of these break-ups could be strong. Calls about ending relationships came from both male and female callers, although notably this concern constituted a large proportion of the calls from young men.

That many of the calls from males were about being dumped suggests that young men are often invested in relationships, just as young women are. This is an important point because, as is explored later, often young women appeared to prioritise their relationship more highly than their male partners, and were disempowered by this. Interestingly, however, it was mostly young women who called about wanting to end a relationship or needing advice about how to do this. They often expressed concerns that they did not want to hurt their partner, and sought advice about how to minimise the hurt they would cause in ending the relationship; there were few calls about wanting to end a relationship from male callers.

Want to dump my boyfriend, do not want to hurt him. He's not being nice and there's another boy I like. Going out for 2/3 months. He says he wants to have sex and children and live with me. I think I'm too young. (RELP, 2003, FC, 16 years)

6.4 Cheating partners

Two-timing or cheating partners was a big issue in the partner relationship calls. For the most part callers were phoning because they suspected or knew that they were being cheated on by partners. Being cheated on caused a lot of hurt as well as, in a few narratives, feelings of embarrassment, and feelings of betrayal. Cheating with a caller's friend seemed to be a particularly upsetting and common betrayal. Narratives rarely contained the term 'trust', however, from the volume of calls regarding cheating partners, it seems that assumptions of monogamy and trust underpinned these young relationships.

Thinks his girlfriend is cheating on him with best friend. She doesn't kiss him any more. What will he do if she doesn't want to see him any more? (RELP, 2004, MC, 18 years)

Confronted her boyfriend of 7 months that she's been told he asked another girl out; boyfriend denied it but Jemma doesn't believe him; feeling upset and wanted advice. (RELP, 2003, FC, 11 years)

6.5 ***Requests for sex/sexual acts***

Male and female callers aged from 9 to 18 years phoned CLS to talk about requests for sex or sexual acts they had received from partners. Issues discussed included problems understanding the terminology for sex and sexual acts; concerns regarding readiness for sex and sexual acts; concerns about refusing requests consequences of this for the relationship; and pressure to submit to requests for sex and sexual acts. From the age of 11 years, a large number of young women were concerned that saying no to sex would threaten their relationship and it appeared that they therefore considered prioritising their partner's wishes over their own, for example:

My boyfriend wants me to have sex with him. I'm not sure - think I would if it would make him happy but I'm scared I'll get used. Scared to get pregnant or a disease. (FOLF, 2004, FC, 14 years)

6.6 Pressure to have sex

Many callers, predominantly young women, described active pressure from partners to have sex. A number of callers described having had sex that was not wanted, but which they had agreed to, for example because they had felt pressured by their partner or because they'd wanted to fit in with peers. Pressure was exerted in four main ways: some partners repeatedly requested sex; partners avoided or ignored them after they refused; many partners threatened to dump them if they refused sex; some partners threatened violence including both physical and sexual assault, for example:

My boyfriend wants to have sex and have a blowjob. I don't want to because I'm not ready. He said he would finish with me if I said no – I really like him. (RELP, 2003, FC 13 years)

6.7 Partner abuse

A number of young people, from 12 to 18 years and predominantly young women, reported both physical and sexual abuse being perpetrated by their partners. The age of the caller's partner was often unclear, though it was certainly evident that some partners were young people of peer age.

Had sex for the first time with her 15 year old boyfriend last week - he said it wasn't right and not as good as his last girlfriend - now he's hitting her and being nasty to her - didn't feel ready to have sex - scared to say no - told her brother. (FOLF, 2003, FC, 12 years)

Had sex with boyfriend today. Didn't know how they felt about it - first time. Said he went fast and it hurt. Tingly. 'Not ready'. Didn't want to do it. He just put it in. She just lay there. Hurting me. Too big for me. Said she was bleeding. (FOLF, 2004, FC, 14 years)

The predominance of abuse perpetrated against young women strongly highlights the need for interventions to address young people's abusive behaviour and to tackle young people's acceptance of it.

The importance of relationships kept some young people from leaving partners who had betrayed and, particularly in the case of young women, from leaving abusive partners. It also motivated some young women to consider consenting to requests for sex and sexual acts that they did not desire or were not ready for. Such importance of partner and peer relationships to young people is particularly notable when considered in comparison with the conspicuous absence of physical sexual health concerns, notably about STIs.

Although sexually transmitted infections are a priority for the Scottish Executive, it is clear from the CLS data that it is relationships which are a central priority for children and young people, whilst health concerns were only a priority for a small minority of callers. This contrast indicates that sexual health promotion messages for young people may have limited success if they appeal to concerns for health, where relationship concerns take precedence.

Chapter 7: Findings about sexuality and sexual orientation

7.1 Uncertainty

A large proportion of the sexuality calls were from young people who were unsure of their sexual orientation and who evidently felt a need to talk through their feelings. Many callers stated that they 'thought' they were, or 'might be', gay, indicating feelings of uncertainty and ambivalence about their sexual orientation. Evident across most narratives was that callers' feelings had emerged in line with puberty and their developing sexual feelings. There were few calls from young people under the age of 10, and no calls from children aged 5-8 years old. A primary motivation in many narratives appeared to be to explore these feelings and the contexts surrounding them, with the likely aim of helping the young person to clarify their sexual orientation, for example:

Think I might be a lesbian, worried about it, friends make fun of me for it too, do not know any other lesbians. (SXLY, 2003, FC, 16 years)

Thinks he might be gay – feels 'nervous'. Worried people might 'beat' him if they knew. Gets erection in showers at school. Boys have noticed and commented. (SXLY, 2004, MC, 14 years)

Concerned about his sexuality, finds other boys attractive and masturbates thinking of males , too embarrassed to tell anyone, scared of being found out and beaten by other boys. (SXLY, 2004, MC, 15 years)

Some callers described feelings or experiences to the counsellor and asked whether these meant that they were gay. There was a sense in these narratives that the young person was looking for the counsellor to tell them their sexual orientation or to define it for them in some way. This clearly suggested that the young people understood sexual orientation to be categorical or definitive, rather than a spectrum of feelings that could shift and change across different times and contexts.

In contrast to many of the callers who were unsure of their sexual orientation, there were a number of young people who clearly defined or labelled themselves as gay, lesbian, or (less often) bisexual and wanted to talk through other feelings or concerns related to it. There were also a small number of narratives in which young men and women described feeling that they were the wrong gender, and most of these callers explored the possibility of a sex change. The majority of the transgender calls were from young men concerned about cross-dressing.

7.2 Feelings about sexual orientation

For a number of young people, their attraction and sexual feelings for their own sex were experienced as problematic and unwelcome. Amongst callers who

were uncertain about their sexual orientation, many stated that they were *afraid* or *worried* that they were gay, bisexual, lesbian etc. There was a sense in some of these narratives that to be anything other than heterosexual was very threatening to the callers and that these concerns about their sexuality had constituted a crisis in their lives, for example:

Mark was worried that he was gay, he had feelings for another boy. He wanted to tell his parents cos he doesn't like keeping secrets. He was worried that he might be gay when older. (SXLY, 2003, MC, 15 years)

I think I am attracted to girls. Do not want to be. I am scared. (SXLY, 2004, FC, 14 years)

Many young people described themselves as *confused* about their feelings and their sexual orientation. In particular these feelings were often confusing when they had developed for a friend with whom the caller's relationship had apparently always been platonic. Callers were also confused by conflicting feelings, for example between the sexual feelings they were experiencing and those that they thought were right or normal, i.e. heterosexual. Some young people were confused because they had feelings of attraction for both males and females. Many callers expressed concerns or beliefs that their sexual orientation was wrong or abnormal. Some young people indicated that important people in their lives, predominantly parents or friends, believed that homosexuality or bisexuality was wrong or abnormal, and evidently were influenced by these beliefs

Confused regarding her feelings towards best friend, feelings were sexual, told best friend about this; friend has fallen out with her. (SXLY, 2003, FC, 12 years)

Thinks he is gay. Over last year or so he has had sexual feelings towards boys in showers and on T.V. Has had girlfriends and admits he is attracted to them also. Confused, wants confirmation that he is a 'normal' guy. (SXLY, 2004, MC, 15 years)

A strong feeling of 'otherness' was conveyed by many of these concerns with being abnormal. A few callers explicitly stated that they felt different from their peers because of their sexual orientation, and consequently indicated a feeling of being excluded. It was not necessarily the case that peers had deliberately excluded the caller, or even that they knew of the caller's sexual orientation, although peer exclusion was a central concern. A strong sense of embarrassment and shame was expressed and implied across many narratives in relation to sexual orientation and a large proportion of young people stated that they did not want to be gay. Only a very few callers described feeling comfortable with their sexual orientation and it was notable that none of these were male.

The feeling of not wanting to be gay clearly revealed that these young people understood their sexual orientation as out of their control; these were not feelings that they had chosen or which they could change. It was evident in many narratives that young people who did not want to be gay predominantly felt this way because of the social consequences of this. The fear or experience of not being accepted because of their sexual orientation, particularly by parents and peers, and the consequences such as peer exclusion and bullying meant that these young people experienced their sexuality as very negative, for example:

Has lots of best friends who are girls. 'I think I fancy them. I do not want to be a lesbian. My brother's gay. I want to be normal. Feel embarrassed, if I tell any of my friends they might think it's weird. It's a bit depressing. (SXLY, 2004, FC, 13 years)

7.3 Attraction

Unsurprisingly, attraction and sexual feelings were a key component of the majority of callers' questions and concerns regarding their sexuality. Some callers described having felt generally attracted to people of the same sex, or sexually aroused by their own sex. Others often described having strong feelings of attraction for someone in particular, in many cases a friend. Attraction and sexual feelings were also discussed by young people who wanted to talk about how they felt for a particular person, and in some cases to explore whether and how to act on these feelings. Some callers had already acted on their feelings and wanted to talk about what had happened as a result, for example:

Caller goes to an all boys school. Had a wank with one of his pals. Feels that he wants to do it again. Does this mean that I'm turning gay? (SXLY, 2003, MC, 12 years)

Caller having sexual relationship with friend and enjoys this at the time; then feels disgusted; has boyfriend and has sex with him; seeking advice. (SXLY, 2004, FC, 15 years)

As was evident in the section on partner relationships, young people in general often felt a need to talk to ChildLine about their attractions and sexual feelings for others. In that respect, young people attracted to their own sex were no different. However, the narratives suggested that some of these young people clearly faced much greater problems in terms of attraction and acting on that attraction than did heterosexual young people. The stigma surrounding these non-heterosexual attractions and the consequent secrecy in which many young people kept their feelings might have meant that the ChildLine offered one of the few ways that some young people could safely and comfortably talk about and share their feelings.

7.4 Peers' reaction and peer exclusion

One very problematic area for these callers was the reactions of their peers. This was a concern in a very large proportion of narratives. Almost exclusively callers feared or anticipated a negative reaction from their friends and/or peers if they were to learn of the caller's sexual orientation. Many callers therefore expressed a need for secrecy in order to avoid this. This is especially noteworthy because, in so many other areas, peers were talked about as a source of support. There was a clear gender difference in the fears regarding peer exclusion such that, in a few narratives, young men talked about fears of homophobic bullying involving physical abuse, which was not a feature of the young women's narratives.

All of the fears regarding peer reactions and peer exclusion that young men and women expressed were borne out in many callers' experiences. Only in a very small number of calls did it appear that peers had reacted positively to a disclosure of sexual orientation. Most often, on learning of this, callers described friends and peers as turning on them and teasing or bullying them, and, amongst a few male callers, physical abuse being perpetrated by peers on the basis of the young man's sexual orientation, for example:

Came out last week as being bi-sexual. Told her best friend who she trusted in confidence. She told everyone the next day in school and now no-one is talking to her except to tease her. (SXLY, 2003, FC, 14 years)

Todd said I am sexually attracted to a boy in my year. He is drop dead gorgeous. I told him and he punched me in the face. I love and hate him. Can you change it for me? (SXLY, 2004, MC, 13 years)

Although, given the nature of the ChildLine service, we might expect to see narratives that are skewed towards the reporting of negative experiences. However, in these narratives, very few positive peer experiences were reported, and the considerable extent to which young people feared and experienced negative reactions and serious consequences highlights this as a crucial area for intervention, support and change. In particular, these findings highlight the importance of sex and relationships education in exploring sexualities with young people in an effort to challenge homophobic attitudes, and to reassure young people that they are normal and acceptable.

7.5 Concerns about parents

As with the concerns expressed regarding peers, many callers said that they were afraid to tell their parents about their sexual orientation or worried about how their parents would react if they did. A number of callers said that they knew their parents disapproved of homosexuality or were homophobic, and this knowledge evidently underpinned their fears, for example:

Snogged another girl, worried that she prefers girls, worried her mum will be annoyed and upset, wants to be normal and like boys. (SXLY, 2003, FC, 15 years)

Think I might be gay, fancy my best friend, scared in case he doesn't like me and my mum doesn't like me if I am, want to be straight, mum doesn't like gay people. (SXLY, 2004, MC, 10 years)

Many young people indicated that they wanted to tell their parent(s) about their sexual orientation, although most expressed concerns about doing so and its implications. One concern was *how* to tell parents, and some callers asked advice about this. As with peers' reactions, though, only a few callers reported that their parent(s) had been accepting of their sexual orientation. Moreover, very few narratives contained descriptions of young people who were receiving support from their parents or their peers. An overarching concern was therefore that young people were greatly lacking in support and people in whom they could confide.

Clearly a central theme across the sexuality concerns was stigma. The majority of young people understood their sexual orientation to be unacceptable, expressing this through their personal concerns that it was wrong, shameful, embarrassing and so on, and/or through their concerns that others, i.e. peers and parents, perceived it this way and would not therefore accept them. As was evident from the facts of life and partner relationships sections, many young people struggled with aspects of the transition through puberty, of which developing sexual feelings was just one. The stigma surrounding sexual orientation therefore appeared to add a considerable burden to these concerns, making adolescence all the more difficult to negotiate for these young people.

Chapter 8: Conclusions

8.1 Calls to ChildLine Scotland from children and young people about their sexual health and well-being have steadily increased over the years and now represent one of the top three concerns that children and young people call about. The research reported here therefore offers a vital source of information from a young person's perspective that could substantially assist the implementation of the Sexual Health Strategy.

8.2 Calls to CLS represent unsolicited communications from children and young people, directly reflecting their own agendas. This research therefore reports sexual health and well-being concerns that are pertinent to children and young people, but which, as is evident from the analysis, many feel unable to raise directly or satisfactorily with family members, friends, or within the context of school based sexual health education. Indeed, some of these calls contain information that might be considered ethically problematic had they arisen with teachers or during interaction with researchers.

8.3 In most of the age groups, particularly from approximately 9-16 years, there were notable within-age differences, such that a wide spectrum of knowledge, experience and concerns were expressed and explored by callers of the same age. Moreover, there were many between-age similarities, such that the same concerns could be expressed by callers who were wide apart in age. The absence of calls about STIs from all age groups is particularly noteworthy. This considerable spectrum of concerns and of knowledge and experience provides a continuing challenge for those developing sex and relationships education, perhaps suggesting the importance of a wide-ranging curriculum of sex-education delivered continuously throughout children and young people's years in the education system.

8.4 Greater attention is needed to the similarities and differences in concerns and associated support needs expressed by male and female callers. In some instances, it seems that boys may be feeling particularly lacking in support, such as in sexual orientation and how to deal with a pregnancy; in others, for instance girls suffering sexual abuse from relatives or partners and boys being abused by older females, there appeared to be few places to turn.

8.5 A clear theme cutting across much of the data and across all age groups was the considerable salience of peers and social relationships in terms of children and young people's experiences and understandings of sexual development, relationships and related problems. Their experiences of going through puberty, and becoming sexual beings were in many cases inextricably intertwined with their social worlds and interactions. It seemed that children and young people's understandings of their bodies, sex, puberty, relationships, and so on, were constructed, in many cases, through these interactions. Some things, such as pregnancy, appeared easier to share with friends than concerns about sexuality

or lack of knowledge. Peers were a key source of comparison, information, sanctioning, regulation and pressure. However, friends and peers also emerged as very important sources of support and advice, suggesting that these groups of young people may themselves require help for this role.

8.6 To a lesser extent, the research revealed families as also operating in some or all of these above roles. Both in what they communicated and failed to communicate, parents contributed considerably to the construction of experience and understanding amongst some children. In many cases siblings and wider relatives functioned similarly to peers, sometimes serving as a source of support and guidance. However, fear of family reactions, feelings of guilt and shame, or desires to protect 'the family' or family members often inhibited callers from confiding in their families; this was especially notable in calls about sexual abuse and sexuality.

8.7 Cultural discourses around sexuality, sexual health and sexual behaviour also affected what callers were concerned about and how they spoke about these concerns. Across all categories worry about 'being normal' and 'fitting in' was a recurrent theme in many calls; this could have considerable effects on self esteem. It appeared that such worries were often grounded in a categorical view of sex and sexuality, ie a 'you are or you are not' approach, in which heterosexual, monogamous, trusting relationships were priviledged. Fears and problems arose for young people who found or saw themselves as outside some of these apparently relatively inflexible circumstances.

8.8 The findings about sexual abuse represent a unique opportunity to develop greater understandings of what children and young people go through, why they do not disclose the abuse and conflicting feelings they hold about this. Work in this area has, necessarily, tended to rely on the accounts of survivors of sexual abuse rather than children's accounts as it is happening to them, unmediated by interactions with relevant professionals.

8.9 Calls to CLS also appeared to be a place where children and young people could voice the everyday realities of their experiences of growing up and their emerging and developing sexual feelings and attractions. For some, there was nowhere else that these could be articulated, for fear of rejection or bullying. A sense of powerlessness and lack of information/knowledge often accompanied such calls, adding to callers' feelings that they alone faced these problems. In these respects, relationships and lifeskills training could be helpful, particularly in the areas of pregnancy and partner relationships.

Policy implications and recommendations

Sexual health and wellbeing: information, education and learning

- To meet children and young people's *ongoing* needs for information, learning and support – clearly evidenced in the range of concerns they bring to ChildLine Scotland – a needs based sex and relationships education must be provided continuously throughout the years in education.
- The curriculum must recognise that children are subject to a wide range of social and cultural influences which shape their knowledge, values and behaviour and that they have easy access to a wide range of sexual information which they need to be able to understand, discuss and make sense of in the context of their own lives.
- Learning around sexual health and wellbeing must help children and young people develop healthy attitudes and values towards sexual health - as well as the practical life skills that enable them to put these attitudes into practice. Some of the key practical skills young people need support in developing, as evidenced by their concerns across the board in sexual health, include communication skills, negotiation skills, assertiveness both in peer and partner relationships, using sexual health services, supporting friends in risky situations (e.g. at parties), negotiating condom use with partners etc.
- Learning and skills development must be underpinned by providing children and young people with a clear understanding of their **rights** in the context of their sexual health and wellbeing. This is vital in relation both to sexual health and to child protection. Understanding their rights to be safe from harm, their right to express themselves etc. may not only help children identify and disclose abuse but help empower them in relation to their peer and partner relationships.
- Peer relationships, both in terms of peer support and peer pressure/ exclusion, are central in many children and young people's sexual health and wellbeing concerns. Sexual health education must approach children and young people not only as individuals, but in relation to their roles as peers and partners in promoting or threatening the sexual health and wellbeing of themselves and others. In particular it might be of benefit to open up for discussion the ways that peers and partners can put pressure on each other, in order to help young people develop a critical awareness of these influences.
- Children and young people are *extremely* concerned about 'being normal' and fitting in. They both fear and experience peer exclusion and sanctioning for failing to fit with perceived norms. Learning must recognise the high value young people place on relationships and fitting in, and the considerable pressures upon young people arising from concerns and

expectations about what is normal and acceptable in relation to peers and partners.

- In order to alleviate concerns about being abnormal and to promote children and young people's acceptance of self and others, a discursive sexual health curriculum that explores and *challenges* young people's conceptions of normality, such as the 'normal body', the 'normal' sexuality, what is acceptable within partner relationships – and encourages them to think critically about these concepts.
- In calls about pregnancy, sexuality, facts of life, and sexual abuse it is often indicated that callers' families may be in need of support, skills, and/or education in order to enable them to support their child.

Sexual Abuse

- Children and young people perceive a number of barriers to disclosing abuse including concerns about the consequences of disclosure and their deeply held feelings of responsibility for these consequences. Confidential services that enable children and young people to disclose concerns *at their own pace* and which give consideration to children and young people's expressed needs and wishes, are essential.
- Only a very small percentage of the children and young people who call ChildLine about sexual abuse talk about being abused by strangers. The public discourse around evil paedophiles - and continued silence on familial abuse – must inevitably make it more difficult for children to understand and cope with the complex feelings they have surrounding abuse by those they know. There is a burgeoning need for greater social recognition of abuse perpetrated by those children know and love in society today – and education therein - to help children recognise what is happening to them and seek help.
- There is a need for greater recognition of sexual abuse perpetrated by females. This is particularly important since a major barrier to disclosing sexual abuse described by many young people is the *fear of not being believed*.
- Many young people talk about abuse perpetrated by other young people. It is vital that services and interventions are available to address sexually aggressive behaviour by young people - and particularly to address the issue of partner abuse perpetrated by young men against young women.

STIs

- Children and young people express an extremely wide range of sexual health and wellbeing concerns in their communications with ChildLine. Relative to concerns about relationships, development, pregnancy, abuse and sexuality, concerns about sexually transmitted infections are *notably* extremely rare.
- The importance of peer, partner and family relationships in children and young people's sexual health and wellbeing concerns suggests that

strategies for addressing STIs need to be framed within these relationships. For example, young people's ability to negotiate condom use might be very limited within partner relationships which are unequal - particularly in relationships in which pressure or abuse are exerted. It may not be sufficient therefore simply to educate about the risk of STIs and the importance of condoms.

Pregnancy

- Young people worried about pregnancy are often primarily concerned about their parents'/ carer's reactions. Some young people do not have safe and supportive home environments and feel at risk of serious consequences if parents were to learn of their pregnancy. Universal access to confidential services are crucial to allow young people think through such a major life event.

Sexual Orientation

- Peer support, a vital element in helping young people cope with a range of concerns about sexual health and wellbeing, was notably absent in the lives of young people expressing concerns about their sexual orientation – making this a particularly vulnerable group of young people.
- Specific attention is required to challenge the stigmas that threaten young people's sexual health and wellbeing, such as the stigma surrounding homosexuality. Current measures to tackle other social stigmas such as those surrounding mental health must be reflected in an approach to homosexuality.

Appendix I: implications and recommendations from Sexual Health and Wellbeing Learning Network seminar

Key findings from this study were presented at a Sexual Health and Wellbeing Learning Network seminar on March 23rd 2006, at the request of the Scottish Executive. A workshop following the presentation asked professionals[1] to a) discuss the implications of the key findings as presented for policy and practise and b) make recommendations about these implications. The key themes that emerged from the workshop discussions are presented below.

Language/ terminology used by young people in discussing sexual health and wellbeing, including disclosures of abuse

- Children and young people use distinct language and terminology - including that around sexual health and wellbeing – for a variety of cultural and psycho-social reasons. Adults may feel uncomfortable around, or try to 'control' children's use of language, again for a variety of reasons.
- Adult disapproval of young people's language can create real barriers to effective communication around sexual health and wellbeing. Adults must be helped/ trained to recognise this may be the only way children have of expressing themselves.
- Approaches to learning/ communication around sexual health and wellbeing need to accept young people's terminology but at the same time teach correct terminology.
- Parent's need support in developing communication and other life skills to allow them to talk with their children about *all* aspects of sexual health and wellbeing, including abuse.

Peer comparison, peer exclusion, and the importance of 'being normal' to young people

- Young people's learning around difference/ respect for difference in relation to sexual health and relationships needs to form part of a wider diversity agenda, which also includes media literacy and critical skills development
- Young people's 'acceptance' of themselves and others is underpinned by their own emotional health. Learning about difference must be underpinned by work around development of self esteem etc.
- Adults, including parent's, must be supported to address their own values around sexual health and wellbeing; the respect/ diversity agenda needs to focus on adults respect for young people as well as vice versa.
- Peer education approaches in sexual health and wellbeing, as well as in life skills development, should be heavily promoted, given the extent of peer influence in shaping young people's views/ attitudes about themselves and others

[1] Twenty four professionals, largely from statutory health and education services attended the workshop to discuss recommendations for policy and practise. A small number of NGOs were also represented.

Abuse/ disclosure of abuse

- Cultural taboos around discussing the realities of abuse need to be addressed
- Education about abuse is important, both in terms of early education on basics such as 'appropriate touching' as well as broader education on power in relationships, rights, personal safety etc.
- Development of a more child-orientated child protection system is vital in both protecting children from abuse and in truly serving their best interests when abuse is an issue. Key features of this system would include accessible, confidential services that move at the child's pace and *do not instantly trigger* formal child protection procedures; support for children throughout the disclosure process; more control for children over what happens when they do disclose abuse; honesty and clarity regarding levels of confidentiality; where children are at risk in the home, removal of the abuser rather than the child, where possible; review of the system to investigate whether criminal prosecution of abuse is in the child's best interest
- Peer support could form an essential aspect of child protection system, given the extent to which children disclose to other children. Training for peer supporters would need to be underpinned by accessible, professional support for young people who do have been confided in by friends

Appendix II: Additional quantitative analysis, tables and graphs

Figure 1 Illustration of the structure of the ChildLine dataset.

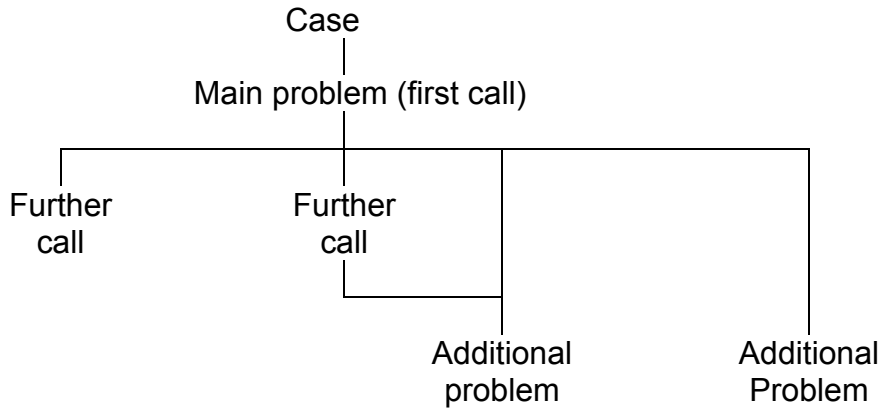


Table 1 Children and Young People's Concerns in Rank Order (Highest to Lowest) 2003 and 2004 inclusive

Rank	*Concern type*	*No of cases*	*% of total cases*
1	Facts of life	4507	42
2	Sexual abuse	3021	28
3	Pregnancy	2015	19
4	Relationships	932	9
5	Sexuality	524	5
	Total	*10,716*	*100*

Note. As a small number of cases had more than one main problem the percentage of cases sums to more than 100 and the sum of the number of cases will be more than the total number.

Table 2 Girls' Concerns in Rank Order (Highest to Lowest) 2003 and 2004 inclusive

Rank	*Concern type*	*No of cases*	*% of total cases*	*% of Girls cases*
1	Facts of life	3196	31	41
2	Sexual abuse	1984	19	25
3	Pregnancy	1803	17	23
4	Relationships	739	7	9
5	Sexuality	278	3	4
	Total	*7844*	*75*	*100*

Note. As a small number of cases had more than one main problem the percentage of cases sums to more than 100 and the sum of the number of cases will be more than the total number.

Table 3 Boys' Concerns in Rank Order (Highest to Lowest) 2003 and 2004 inclusive

Rank	*Concern type*	*No of cases*	*% of total cases*	*% of Boys cases*
1	Facts of life	1123	11	43
2	Sexual abuse	1002	10	39
3	Sexuality	210	2	8
4	Relationships	148	1	6
5	Pregnancy	130	1	5
	Total	*2599*	*25*	*100*

Note. As a small number of cases had more than one main problem the percentage of cases sums to more than 100 and the sum of the number of cases will be more than the total number.

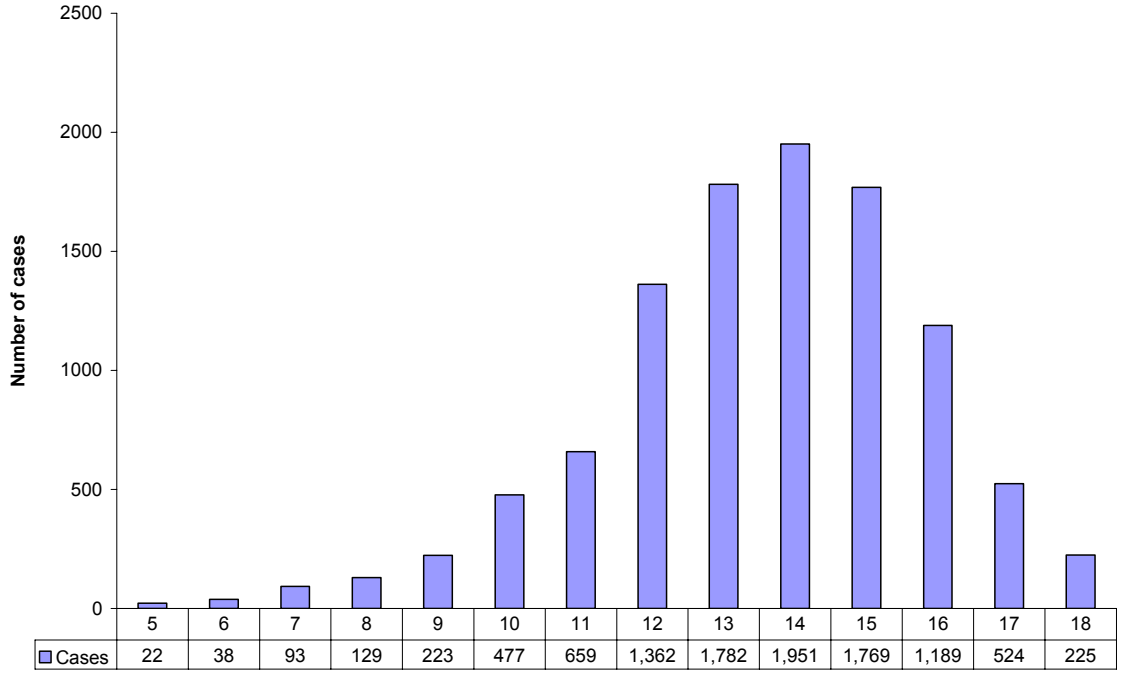
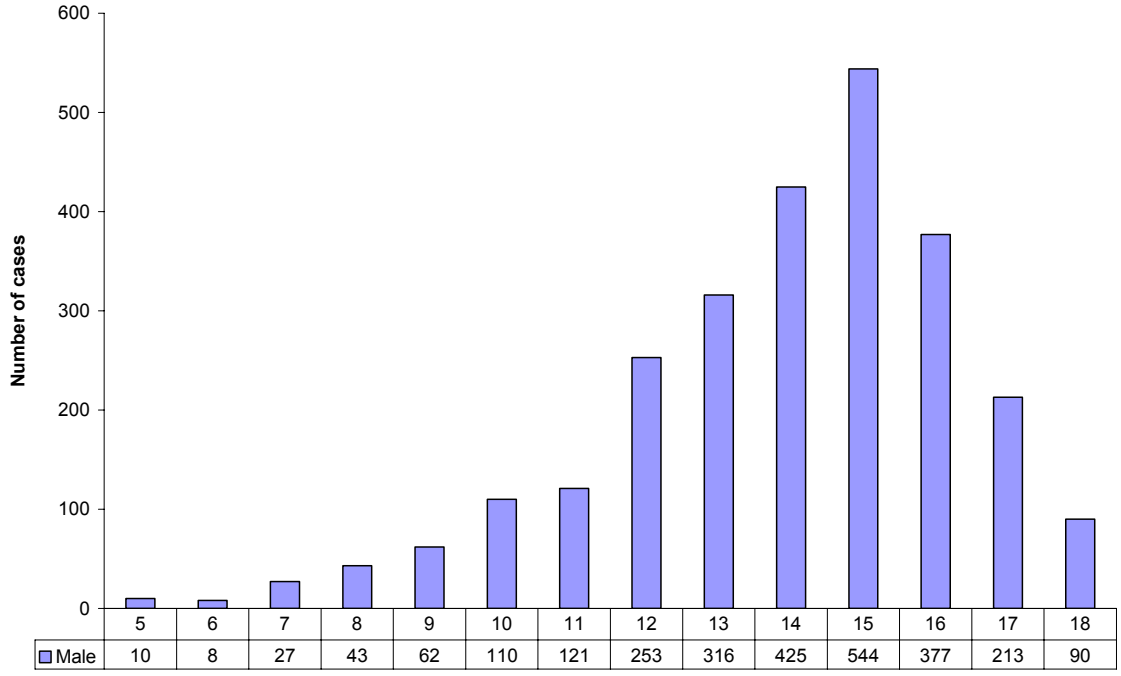
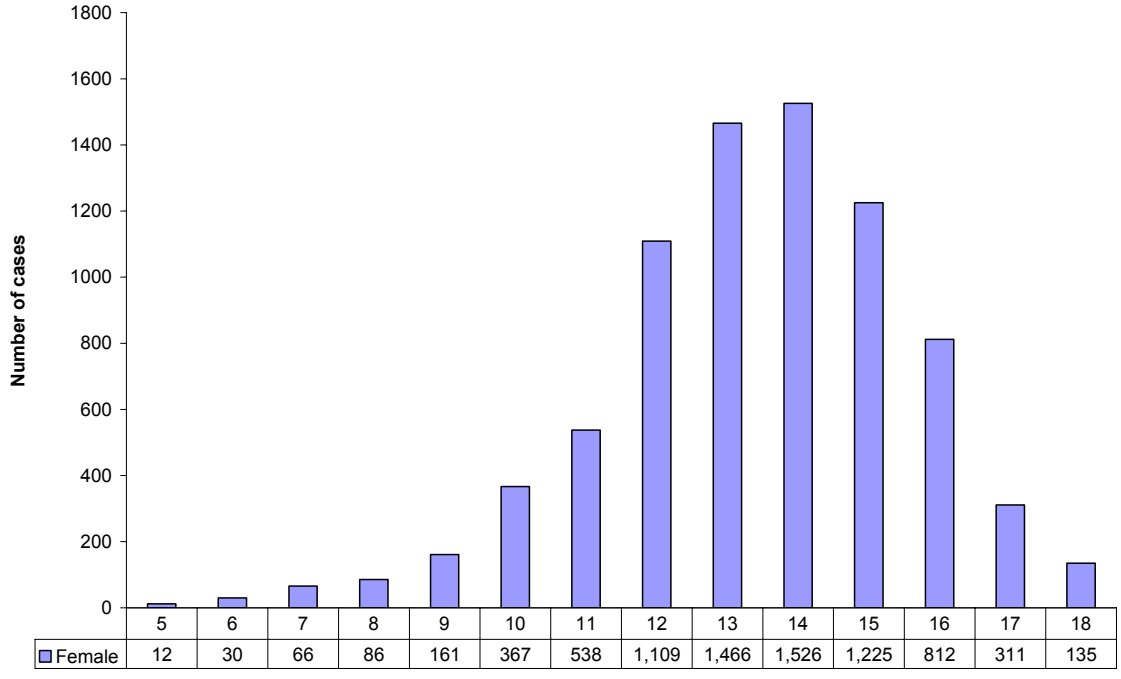


Figure 1 Children's and Young People's Cases by Age



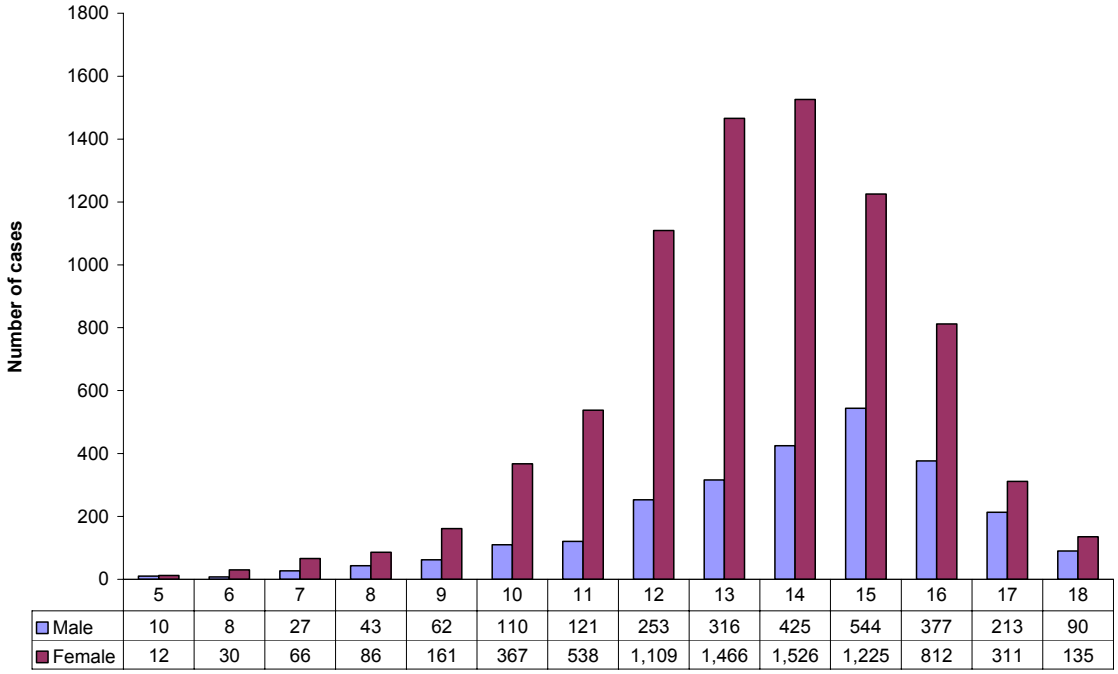
	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Male	10	8	27	43	62	110	121	253	316	425	544	377	213	90

Figure 2 Male Cases by Age



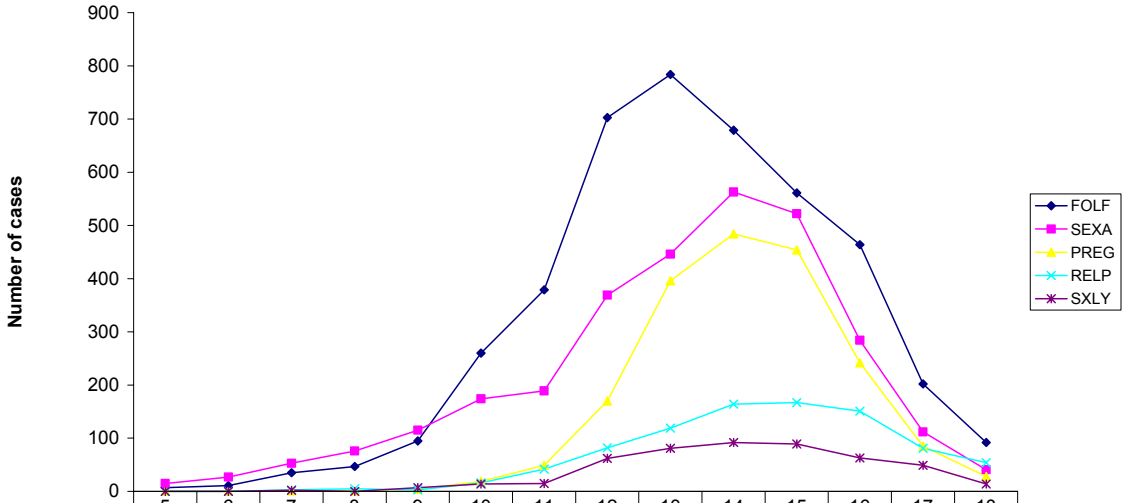
	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Female	12	30	66	86	161	367	538	1,109	1,466	1,526	1,225	812	311	135

Figure 3 Female Cases by Age



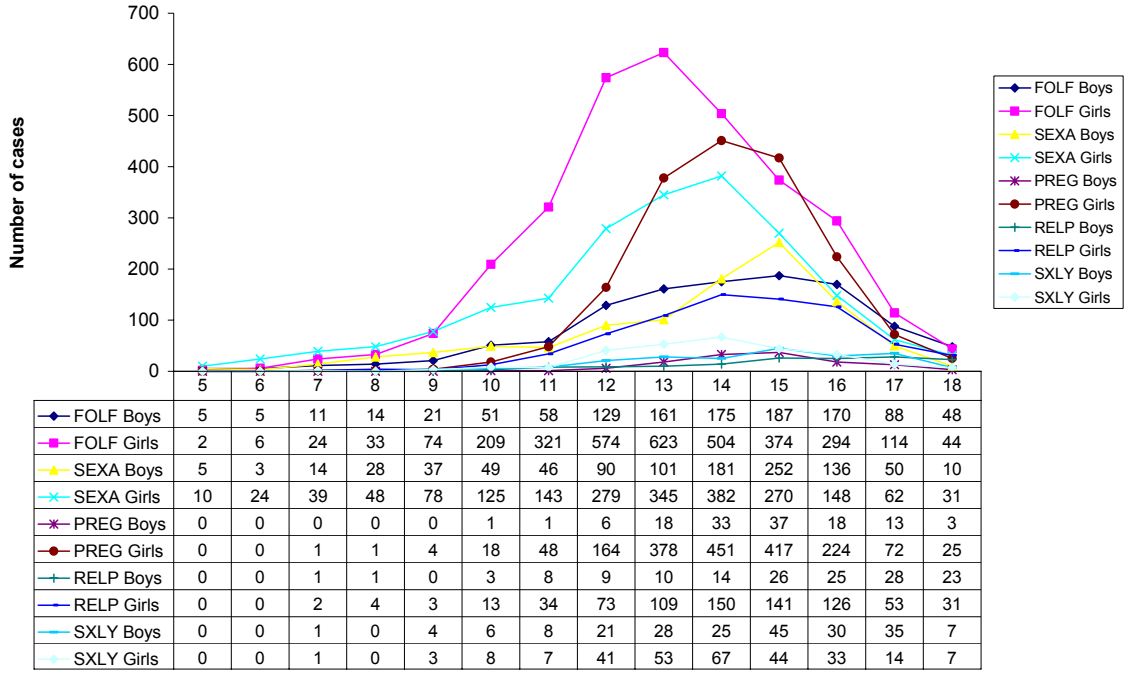
	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Male	10	8	27	43	62	110	121	253	316	425	544	377	213	90
Female	12	30	66	86	161	367	538	1,109	1,466	1,526	1,225	812	311	135

Figure 4 Children's and Young People's Cases by Age and Sex



	5	6	7	8	9	10	11	12	13	14	15	16	17	18
FOLF	7	11	35	47	95	260	379	703	784	679	561	464	202	92
SEXA	15	27	53	76	115	174	189	369	446	563	522	284	112	41
PREG	0	0	1	1	4	19	49	170	396	484	454	242	85	28
RELP	0	0	3	5	3	16	42	82	119	164	167	151	81	54
SXLY	0	0	2	0	7	14	15	62	81	92	89	63	49	14

Figure 5 Children's and Young People's Concerns by Age



	5	6	7	8	9	10	11	12	13	14	15	16	17	18
FOLF Boys	5	5	11	14	21	51	58	129	161	175	187	170	88	48
FOLF Girls	2	6	24	33	74	209	321	574	623	504	374	294	114	44
SEXA Boys	5	3	14	28	37	49	46	90	101	181	252	136	50	10
SEXA Girls	10	24	39	48	78	125	143	279	345	382	270	148	62	31
PREG Boys	0	0	0	0	0	1	1	6	18	33	37	18	13	3
PREG Girls	0	0	1	1	4	18	48	164	378	451	417	224	72	25
RELP Boys	0	0	1	1	0	3	8	9	10	14	26	25	28	23
RELP Girls	0	0	2	4	3	13	34	73	109	150	141	126	53	31
SXLY Boys	0	0	1	0	4	6	8	21	28	25	45	30	35	7
SXLY Girls	0	0	1	0	3	8	7	41	53	67	44	33	14	7

Figure 6 Children's and Young People's Concerns by Age and Sex

Further data

Table 2 Percentage of cases with sexual issue as main and additional problem and overall prevalence of each problem.

	Main problem (%)	Additional (%)	Overall (%)	% of overall that are additional
Facts of life	42	3	45	6%
Sexual abuse	28	1	29	4%
Pregnancy	19	3	22	14%
Relationships	9	4	13	33%
Sexuality	5	<1	6	11%
Total number	*10,716*	*10,716*	*10,716*	

Prevalence by sex

Table 3 gives for girls and boys the percentage of cases of each type. In numerical terms, girls were most likely to raise each issue. The rank frequency of problems for girls was facts of life, sexual abuse, pregnancy, relationships and

sexuality. For boys it was facts of life, sexual abuse, sexuality, relationships and pregnancy.

Table 3 Percentage of young girls and boys reporting each problem

	Girls (%)	Boys (%)
Facts of life	41	43
Sexual abuse	25	39
Pregnancy	23	5
Relationships	9	6
Sexuality	4	8
Total number	*7844*	*2599*

Proportionally (and controlling for age), when boys contacted Childline they were more likely to speak about the facts of life ($p < 0.01$), sexual abuse ($p < 0.01$) and sexuality ($p < 0.01$) than girls were. They were proportionally less likely to call about pregnancy ($p < 0.01$) and relationships ($p < 0.01$) than girls were.

It should be remembered that proportions are based on cases featuring the five sexual health issues and not all cases covered by Childline.

Average age

Table 4 shows the mean age of young people by type of main problem. Sexual abuse cases had the lowest mean age with relationship cases the highest mean age. Tables a1 to a10 in the appendix give a detailed breakdown of the percentage and number of young people calling about each subject by their age and sex.

Table 4 Mean age by sexual health problem and sex

	Overall	Girls	Boys	Age Range
Facts of life	13.3	13.1	13.9	5-18
Sexual abuse	13.1	12.9	13.6	5-18
Pregnancy	14.2	14.1	14.7	7-18
Relationships	14.4	14.3	15.2	7-18
Sexuality	14.1	13.9	14.4	7-18

Additional problems associated with sexual health cases

Of the 10,716 sexual health issue cases, 4,490 (42%) had one or more additional problems. By far the most common additional problem recorded was family relationships. Table 4 in the main report, p 13, (and below) gives the top five additional problems for each of the five sexual issues.

Although the facts of life was the most frequent main problem such cases did not often have additional issues (20% of cases), with family relationships - the most frequent - featuring in only five per cent of facts of life cases. On the other hand sexual abuse cases (77% of cases) often had additional problems, most commonly family relationships (57%) (perhaps reflecting the high level of family based abuse).

Physical abuse was also mentioned in 13% of sexual abuse cases. It was also associated with parental divorce and separation in 8% of cases. Although not in the top five additional problems associated with sexual abuse, school problems (5%), relationships (5%), bullying (3%), emotional abuse (3%), problems with friends (3%), facts of life (3%), suicide (2%), alcohol (2%) and runaway (2%) were also mentioned.

Family relationships was recorded as an additional problem in over a quarter of pregnancy cases and this was the most common additional problem in sexuality cases as well (10%). In cases where relationship issues were the main problem facts of life was the most common additional problem. Finally, in sexuality cases, family relationship was, again, the most common additional problem recorded.

Table 3 Additional problems associated with cases (only shows additional problems occurring in 1% or more of all cases).

Additional problem	**% of all cases**
Family relationship	24%
Physical abuse	5%
Relationships	4%
Bullying	3%
Parents divorced / separated	3%
Problems with friends	3%
Pregnancy	3%
Facts of life	3%
Bereavement	3%
School problems	2%
Health	1%
Sexual abuse	1%
Alcohol	1%
Emotional abuse	1%
Total cases	10,716

Table 4 Top five additional problems for each main sexual issue. Percentage of each case type mentioning the additional problem.

Facts of life	Sexual abuse	Pregnancy	Relationships	Sexuality
Family relationships (5%)	Family relationships (57%)	Family relationships (27%)	Facts of life (12%)	Family (10%)
Relationships (4%)	Physical abuse (13%)	Relationships (7%)	Family relationships (11%)	Facts of life (7%)
Bullying (4%)	Parents div / sep (8%)	Facts of life (5%)	Problems with friends (7%)	Bullying (7%)
Problems with friends (3%)	Pregnancy (7%)	Sexual abuse (4%)	Pregnancy (4%)	Problems with friends (7%)
Health (1%)	Bereavement (7%)	Parents div / sep (3%)	Physical abuse (4%)	Relationships (2%)

Classification of facts of life and sexual abuse cases

Facts of life and sexual abuse cases were further classified to reflect the detail of the call. Childline use three summary codes for facts of life cases. Sixty five per cent of these cases received further classification. Of these the most widely used classification was the broad category of facts of life (table 8). Just under 10% of facts of life cases were classified as the young person calling about a 'crush or fancying someone' and just under five per cent about self image / self esteem. There were only small variations in the proportion of boys and girls raising each type of issue.

Table 8 Classification of facts of life cases

	N (% of total)[2] (column)	Average age	Age range	% Girls (column)	% Boys (column)
Self image / self esteem	108 (4)	13.1	5 to 17	4	2
Facts of life	2566 (88)	13.2	5 to 18	87	90
Crush / fancy someone	270 (9)	13	5 to 18	10	8
Total[1]	*2929*	-	-	*2101*	*704*

Eight summary codes are used by Childline for cases featuring sexual abuse, 82% of which were further classified. Table 8 lists these and gives the average age, age range and percentage of girls / boys reporting the particular problem. About 6% of classified sexual abuse cases featured more than one classification. The most common combinations (just under 3% each of classified cases) were touching with harassment and touching with rape. Rape was the most common

classification followed by touching. There were few variations in the proportions of boys and girls reporting each type of abuse.

Table 9 Classification of sexual abuse cases

	N (% of total)[2] (column)	**Average age**	**Age range**	**% Girls (column)**	**% Boys (column)**
Touching	825 (33)	12.6	5 to 18	34	32
Contact with animals	4 (<1)	14.8	14 to 15	<1	<1
Harassment	315 (13)	12.8	5 to 18	13	13
Indecency	61 (2)	12.9	6 to 18	2	2
Organised abuse	12 (<1)	12.5	5 to 17	<1	<1
Rape	1365 (55)	13.3	5 to 18	56	53
Ritual abuse	-	-	-	-	-
Incest	50 (2)	14.7	7 to 18	1	4
Total[1]	*2474*	*-*	*-*	*1639*	*808*

[1] Total of sexual abuse cases with a descriptive code.
[2] Because of multiple coding percentages sum to more than 100

Perpetrators of sexual abuse

Most (94%) sexual abuse cases recorded details of the perpetrator. Table 9 shows the type of perpetrator and the percentage in each group who were male and female. (It was possible to identify the perpetrator's gender in 90% of cases where the perpetrator was recorded). In total, 48 per cent of perpetrators were a parental figure, 38% being the child's 'natural' parent; most commonly the father (71% of 'natural' parents). Overall, four fifths of perpetrators were male. Table 10 shows that boys were nearly as likely to report abuse by males as abuse by females. For girls the majority of cases featured abuse by males.

Table 10 Perpetrators of sexual abuse and their gender

	% of all perpetrators (column)	% of whom were male (row)	% of whom were female (row)
'Natural' Parent	42	71	29
Other parental figure (step parent etc.)	10	87	13
Other children (friends etc.)	10	91	9
Other adult relative (uncle / aunt, grandparent etc.)	8	65	35
Authority figure (teacher etc.)	8	59	41
Boy / girl friend (includes exs)	7	97	3
Stranger	7	95	5
Sibling (natural, step and foster)	5	73	27
Other adult known to the child (family friend / neighbour)	4	81	19
Same generation relative (cousins etc.)	< 1	50	50
Total	*2,615*	*80*	*20*

Excludes 231 cases where no details were given about the perpetrator.
Because of rounding percentages may not sum to 100.

Table 11 Gender of perpetrator by child's gender in sexual abuse cases.

	Perpetrator Male	**Perpetrator Female**	**Perpetrator gender not recorded**	*Total Number*
Boys % (row)	41	46	13	*834*
Girls % (row)	87	4	9	*1,691*

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